

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37053

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAKE ROGERS ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2993626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPELSBERG, ALBERT
Address: 875 CALAFUT CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: NEW, LANE
Address: 1160 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SLUTI, JAMES
Address: 1380 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: GHIGILIERI, ANDY
Address: 1320 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: ADAMS, JERRY
Address: 1200 LAKE ROGERS CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT SPELSBERG

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date