2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N37607

Entity Name: LAKE DAMON VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

311 W. PEABODY CIRCLE
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

311 W. PEABODY CIRCLE
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 59-3015109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THERRIEN, LINDA
311 PEABODY CIRCLE
AVON PARK, FL 33825 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: DP ( ) Delete
Name: WALLACE, JERRY
Address: 304 PEABODY CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: DST ( ) Delete
Name: THERRIEN, LINDA
Address: 311 PEABODY CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: WITZKE, DOROTHY
Address: 314 PEABODY CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: DVP ( ) Delete
Name: ROWE, JEANNETTE
Address: 316 PEABODY CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: WALLACE, BETTY
Address: 304 PEABODY CIRCLE
City-St-Zip: AVON PARK, FL 33825

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: LINDA THERRRIEN TREA 02/05/2009

Electronic Signature of Signing Officer or Director — Date