2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37749

FILED Apr 25, 2009 Secretary of State

Entity Name: LANDOVER HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 14461 6710 LANDOVER CRICLE

TALLAHASSEE, FL 323174461 US TALLAHASSEE, FL 323174461 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14461

TALLAHASSEE, FL 323174461 US

FEI Number: 59-3017882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEADOWS, PAUL

1319 LANDOVER CT

TALLAHASSEE, FL 32317 US

THIELEN, MURIEL C SECY.

6710 LANDOVER CIRCLE

TALLAHASSEE, FL 32317 US

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.

0.01.47.105

SIGNATURE: MURIEL C. THIELEN 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PRES (X) Change () AdditionName:MEADOWS, PAULName:GUTIERREZ, AMIE MRS.Address:1319 LANDOVER CTAddress:6668 LANDOVER CIRCLE

City-St-Zip: TALLAHASSEE, FL 32317 US City-St-Zip: TALLAHASSEE, FL 32317 US

Title: () Delete Title: TREA (X) Change () Addition HAY, JEANNE O Name: HAYS, JEANNE M MRS. Name: Address: 1319 LANDOVER CT Address: 1315 LANDOVER CT City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete Title: SECY (X) Change () Addition THIELER, MURIE THIELEN, MURIEL C MRS. Name: Name: 6710 LANDOVER CT Address: Address: 6710 LANDOVER CIRCLE City-St-Zip: TALLAHASSEE, FL 32317 US City-St-Zip: TALLAHASSEE, FL 32317 US

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 DUCASSE, JULIE
 Name:
 GUTIERREZ, ROBERT MR.

 Address:
 6744 LANDOVER CIRCLE
 Address:
 6668 LANDOVER CIRCLE

 City-St-Zip:
 TALLAHASSEE, FL 32317
 City-St-Zip:
 TALLAHASSEE, FL 32317

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: MURIEL C. THIELEN SECY 04/25/2009