

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38487

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** LAKE OLYMPIA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2884 S. OSCEOLA AVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

2884 S. OSCEOLA AVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-3110789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRDINANDSEN ENTERPRISE  
2884 S. OCSCEOLA AVE  
ORLANDO, FL 32806 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: ROBERTS, FRED  
Address: 1309 OLYMPIA PARK CIRCLE  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: JACKSON, WAYN E  
Address: J1327 OLYMPIA PARD CIR  
City-St-Zip: OCOEE, FL 34761

Title: V ( ) Delete  
Name: GODEK, BOB  
Address: 1316 OLYMPIA PARK CIR.  
City-St-Zip: OCOEE, FL 34761

Title: STD ( ) Delete  
Name: BARBER, MARY  
Address: 1355 OLYMPIA PARK CIR  
City-St-Zip: OCOEE, FL

Title: D ( ) Delete  
Name: RUEDER, SCOTT  
Address: 1337 OLYMPIA PARK CIR.  
City-St-Zip: OCOEE, FL 34761

**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: SD (X) Change ( ) Addition  
Name: DOBBINS, JASON  
Address: 1342 OLYMPIA PARK CIR  
City-St-Zip: OCOEE, FL

Title: TD (X) Change ( ) Addition  
Name: ROEDER, SCOTT  
Address: 1337 OLYMPIA PARK CIR.  
City-St-Zip: OCOEE, FL 34761

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: GWYN LLANA

MGR

02/13/2009

Electronic Signature of Signing Officer or Director

Date