

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40610

FILED
Apr 15, 2009
Secretary of State

Entity Name: LOST LAKE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O HRT REALTY SERVICES LLC
1200 CLINT MORE ROAD # 8
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O HRT REALTY SERVICES LLC
1200 CLINT MORE ROAD # 8
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0264743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRT REALTY SERVICES LLC
1200 CLINT MORE ROAD # 8
BOCA RATON, FL 33487 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: D () Delete
Name: ROBERTS, KEITH
Address: 5129 SE LOST LAKE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VPT () Delete
Name: COPES, R. DAVID
Address: 7710 SE DOUBLETREE DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: MUIR, BILL
Address: 5382 SE LOST LAKE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: NARAMORE, MIKE
Address: 8127 SE WOODLAKE LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: SCHMIDT, WILLIAM
Address: 7741 SE DOUBLETREE DR
City-St-Zip: HOBE SOUND, FL 33455

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: WILLIAM SCHMIDT

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date