2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N41295

Entity Name: POINT LONESOME III ROAD MAINTENENCE CORPORATION

Current Principal Place of Business:

C/O RHONDA PRINCLER
2550 N. POLO PT
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

C/O RHONDA PRINCLER
2550 N. POLO PT
INVERNESS, FL 34453 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRINCLER, RHONDA
2550 N. POLO PT
INVERNESS, FL 34453 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:	SCHWIER, ALAN D.	
Address:	2460 N CHIMNEY TRAIL	
City-St-Zip:	INVERNESS, FL 34453	
Title:	D	( ) Delete
Name:	SCHWIER, GLORIA	
Address:	2466 N. CHIMNEY TR	
City-St-Zip:	INVERNESS, FL 34453	
Title:	P	( ) Delete
Name:	PATTON, JUDY	
Address:	7700 E. RUSTIC TRAIL	
City-St-Zip:	INVERNESS, FL 34453	
Title:	D	( ) Delete
Name:	PRINCLER, RHONDA	
Address:	2550 N POLO PT	
City-St-Zip:	INVERNESS, FL 34453	
Title:	VP	( ) Delete
Name:	PATTON, JAMES	
Address:	7700 E RUSTIC TRAIL	
City-St-Zip:	INVERNESS, FL 34453	
Title:	DT	( ) Delete
Name:	BOICE, SANDRA	
Address:	7600 EAST RUSTIC TRAIL	
City-St-Zip:	INVERNESS, FL	

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:	
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: RHONDA PRINCLER TREA 04/30/2009

Electronic Signature of Signing Officer or Director — Date