

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42323

FILED
Jan 06, 2009
Secretary of State

Entity Name: LAKE DEER MOBILE HOMEOWNERS, INC.

Current Principal Place of Business:

BETTE ROBINSON
332 ROBIN CT.
WINTER HAVEN, FL 33881

New Principal Place of Business:

BETTE LEE
332 ROBIN CT.
WINTER HAVEN, FL 33881

Current Mailing Address:

517 CARDINAL BLVD
WINTER HAVEN, FL 33881

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:

ROBINSON, BETTE
332 ROBIN CT.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

LEE, BETTE
332 ROBIN CT.
WINTER HAVEN, FL 33881 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.

SIGNATURE: BETTE L, LEE

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: D, THELMA
Address: 230 ROBIN CT.
City-St-Zip: WINTER HAVEN, FL 33881

Title: DT () Delete
Name: SEITZ, MARGIE
Address: 414 BLUE JAY LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: DSDV () Delete
Name: ROBINSON, BETTE L
Address: 517 CARDINAL
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP () Delete
Name: MURRAY, CHARLES
Address: 507 PARAKEET
City-St-Zip: WINTER HAVEN, FL 33881

Title: DP () Delete
Name: LEE, LOUIS H
Address: 517 CARDINAL BLVD
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: REED, PAMELA
Address: 207 PARAKEET AVE.
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSDV (X) Change () Addition
Name: LEE, BETTE L
Address: 517 CARDINAL
City-St-Zip: WINTER HAVEN, FL 33881

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: BETTE L. LEE

SEC.

01/06/2009

Electronic Signature of Signing Officer or Director

Date