

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43457

FILED
Apr 16, 2009
Secretary of State

Entity Name: LAGO DEL SOL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROF PROP MGMT INC
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O DAVENPORT PROF PROP MGMT INC.
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0484033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY & WYANT-CORTEZ PA
860 US HWY 1
SUITE 108
NORTH PALM BEACH, FL 33408 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: P/D () Delete
Name: STUDD, PAUL
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: LLEWELLYN, BRITTA
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: MONTGOMERY, GENE
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: MEIERS, JOHN
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: KNIGHT, RANDY
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MONTGOMERY, GENE
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

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

Title: T (X) Change () Addition
Name: SIMPSON, FLOYD
Address: 6620 LAKE WORTH RD STE F
City-St-Zip: LAKE WORTH, FL 33467

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: GENE MONTGOMERY

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date