

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43877

FILED
Apr 06, 2009
Secretary of State

Entity Name: LINDSEY LANES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4820 48TH AVE
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

4820 48TH AVE
VERO BEACH, FL 32967 US

New Mailing Address:

FEI Number: 65-0364465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, CHARLES W
3405 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

MCKINNON, CHARLES W
3055 CARDINAL DRIVE
SUITE 302
VERO BEACH, FL 32963 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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SNYDER, ROBERT
Address: 4865 48TH AVE
City-St-Zip: VERO BEACH, FL 32967

Title: PS () Delete
Name: CRESPO, BARB
Address: 5045 47TH PLACE
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: SHEEHAN, ROBERT
Address: 4765 48TH AVE
City-St-Zip: VERO BEACH, FL 32967

Title: V () Delete
Name: ATKINSON, LOUISE
Address: 4810 48TH. AVE.
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: JULIEN, WILLIAM
Address: 4785 47TH CT
City-St-Zip: VERO BEACH, FL 32967

Title: V () Delete
Name: DEMONTIGNEY, ROBERT
Address: 4800 47TH CT
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: DEFOREST, SHARON
Address: 4910 48TH PLACE
City-St-Zip: VERO BEACH, FL 32967

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

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

Title: D (X) Change () Addition
Name: DEMONTIGNEY, ROBERT
Address: 4800 47TH CT
City-St-Zip: VERO BEACH, FL 32967

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: BARBARA CRESPO

PS

04/06/2009

Electronic Signature of Signing Officer or Director

Date