

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45068

FILED
Feb 26, 2009
Secretary of State

Entity Name: LAKE SHEEN ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

10454 BURRIS COURT
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

10454 BURRIS COURT
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 59-3086059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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: VP () Delete
Name: QURESHI, MUSTAFA
Address: 10402 BURRIS COURT
City-St-Zip: ORLANDO, FL 32836

Title: PRES () Delete
Name: ONKEN, THOMAS P
Address: 10352 BURRIS COURT
City-St-Zip: ORLANDO, FL 32836

Title: ST () Delete
Name: WINSLOW, WILLIAM
Address: 10454 BURRIS COURT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: BONHAM, SUZANNE
Address: 10353 BURRIS COURT
City-St-Zip: ORLANDO, FL 32836

Title: DIR () Delete
Name: LEE, LAUDERBACK
Address: 10403 BURRIS COURT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: OMIECINSKI, TOM
Address: 2118 PUTTER PLACE
City-St-Zip: KISSIMMEE, FL 34746

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: WILLIAM J. WINSLOW

ST

02/26/2009

Electronic Signature of Signing Officer or Director

Date