## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46110

FILED Apr 23, 2009 Secretary of State

Entity Name: LAKE OLYMPIA-LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1583 E. SI BOX 200	LVER STAR R	RD.		
OCOEE, F	L 34761 U	JS		
Current M	lailing Addre	ss:	New Mailing Addres	ss:
	LVER STAR R	RD.		
BOX 200 OCOEE, F	L 34761 U	JS		
FEI Number	: 59-3111190	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of 0	Current Registered Agent:	Name and Address	of New Registered Agent:
DIAZ, VICI				
ORLANDO	SCEOLA AVE. ), FL 32806	US	purpose of changing its registere	ed office or registered agent, or both,
ORLAND( The above	SCEOLA AVE. ), FL 32806	US	purpose of changing its registere	ed office or registered agent, or both,
ORLAND( The above	SCEOLA AVE.  ), FL 32806  named entity of Florida.  RE:	US submits this statement for the		
ORLANDO The above n the State	SCEOLA AVE.  ), FL 32806  named entity of Florida.  RE:	US		ed office or registered agent, or both,  Date
ORLANDO The above in the State SIGNATU	SCEOLA AVE.  ), FL 32806  named entity of Florida.  RE:	US submits this statement for the	gent	
ORLANDO The above in the State SIGNATU	SCEOLA AVE.  p. FL 32806  named entity e of Florida.  RE: Electron  S AND DIRECT  PD ( LANG, LAURA	US submits this statement for the nic Signature of Registered A CTORS: ) Delete DRNE COVE DR	gent	Date
ORLANDO The above in the State SIGNATUI  OFFICER Title: Name: Address:	SCEOLA AVE.  p. FL 32806  named entity of Florida.  RE:  Electron  S AND DIRECT  PD ( LANG, LAURA 1224 HAWTHO OCOEE, FL 30  SD ( JAMISON, JEN	Submits this statement for the nic Signature of Registered Actors:  ) Delete  DRNE COVE DR  4761 US  ) Delete  NEVE  DRNE COVE DR	gent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: TOM TEMPFER MGR 04/23/2009