

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47098

FILED
Jan 08, 2009
Secretary of State

Entity Name: LOCH LOMOND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

16015 WEST PRESTWICK PLACE
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

16015 WEST PRESTWICK PLACE
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0309211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGA, ALEXANDER
16015 WEST PRESTWICK PLACE
MIAMI LAKES, FL 33014 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: DP () Delete
Name: RINEHART, WAYNE
Address: 15761 TURNBERRY DR
City-St-Zip: HIALEAH, FL 33014

Title: DT () Delete
Name: VARGA, ALEXANDER
Address: 16015 WEST PRESTWICK PLACE
City-St-Zip: MIAMI LAKES, FL 33014

Title: DS () Delete
Name: ZAMPIERI, EILEEN
Address: 16101 E TROON CIR
City-St-Zip: HIALEAH, FL 33014

Title: DVP () Delete
Name: SCHULTE, BOBBI
Address: 15935 W PRESTWICK PL
City-St-Zip: HIALEAH, FL 33014

Title: DVP () Delete
Name: LEVENSON, RICK
Address: 15800 TURNBERRY DR
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: RINEHART, WAYNE
Address: 15761 TURNBERRY DR
City-St-Zip: MIAMI LAKES, FL 33014

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

Title: DS (X) Change () Addition
Name: ZAMPIERI, EILEEN
Address: 16101 E TROON CIR
City-St-Zip: MIAMI LAKES, FL 33014

Title: DVP (X) Change () Addition
Name: SCHULTE, BOBBI
Address: 15935 W PRESTWICK PL
City-St-Zip: MIAMI LAKES, FL 33014

Title: DP (X) Change () Addition
Name: LEVENSON, RICK
Address: 15800 TURNBERRY DR
City-St-Zip: MIAMI LAKES, FL 33014

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: ALEXANDER VARGA

DT

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date