## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47748

FILED Apr 29, 2008 Secretary of State

Entity Name: LAKE LOUISA & LAKE NELLIE OAKS HOMEOWNERS' ASSN., INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 120561 11449 NELLIE OAKS BEND CLERMONT, FL 34712 CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** P.O. BOX 120561 CLERMONT, FL 34712 FEI Number: 59-3122921 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COAPSELL, DAVE KOEPSELL, DAVE 7116 MOSSY OAK LN. 7116 MOSSY OAK LN. CLERMONT, FL 34711 CLERMONT, FL 34711 US 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: MONA ATKINSON 04/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KOEPSELL, DAVID Name: Name: 9116 MOSSY OAK LN. Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CAVANAGH, JOHN Name: BEARD, MATT Name: Address: 11634 NELLIE OAKS BEND Address: 9152 MOSSY OAK LANE City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition ATKINSON, MONA Name: Name: 11449 NELLIE OAKS BEND Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition Name: BEARD, MATT Name: BEARD, JANET 9152 MOSSY OAK LN. Address: Address: 9152 MOSSY OAK LN. City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition BUCHANAN, DEVON Name: Name: 9110 MOSSY OAK LANE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: () Change () Addition RAKOCI, DAVE Name: Name: Address: 9011 MOSSY OAK LN. Address: CLERMONT, FL 34711 City-St-Zip: 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: MONA ATKINSON ST 04/29/2008