2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N47748

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

Current Principal Place of Business:

11449 NELLIE OAKS BEND
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120561
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-3122921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOEPSELL, DAVE
7116 MOSSY OAK LN.
CLERMONT, FL 34711 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:	P	( ) Delete
Name:	KOEPSELL, DAVID	
Address:	9116 MOSSY OAK LN.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	V	( ) Delete
Name:	BEARD, MATT	
Address:	9152 MOSSY OAK LANE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	ST	( ) Delete
Name:	ATKINSON, MONA	
Address:	11449 NELLIE OAKS BEND	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	BEARD, JANET	
Address:	9152 MOSSY OAK LN.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	BUCHANAN, DEVON	
Address:	9110 MOSSY OAK LANE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	RAKOCI, DAVE	
Address:	9011 MOSSY OAK LN.	
City-St-Zip:	CLERMONT, FL 34711	

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: MA ST 04/29/2009

Electronic Signature of Signing Officer or Director — Date