

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50872

FILED
Apr 14, 2009
Secretary of State

Entity Name: LAKE AJAY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2884 S. OSCEOLA AVE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

2884 S. OSCEOLA AVE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3142730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, VICKI
2884 S. OSCEOLA AVE.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

FERDINANDSEN ENTERPRISES INC.
2884 S. OSCEOLA AVE.
ORLANDO, FL 32806 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: FERDINANDSEN ENTERPRISES INC.

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FRIAR, GARY
Address: 3201 MISTY MORNING CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: DIMARE, JOHN
Address: 3166 WHISPER WIND DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: HEILMANN, DIETER
Address: 3197 MISTY MORNING DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: GINKEL, KATHERENE C
Address: 5306 FORST BREEZE COVER
City-St-Zip: SAINT CLOUD, FL 34771

Title: P () Delete
Name: HOFFMEN, DONNA C
Address: 3168 WHISPER WIND DR
City-St-Zip: SAINT CLOUD, FL 34771

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:

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: DONNA HOFFMAN

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date