

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000469

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: LAKEFRONT AREA PROPERTY OWNERS, INC.

## Current Principal Place of Business:

C/O PATRICIA PATTON  
320 DAKIN AVE EAST  
KISSIMMEE, FL 34741

## New Principal Place of Business:

C/O SHEILA HONEYCUTT  
314 LAKESHORE BLVD  
KISSIMMEE, FL 34741

## Current Mailing Address:

C/O PATRICIA PATTON  
320 DAKIN AVE EAST  
KISSIMMEE, FL 34741

## New Mailing Address:

C/O SHEILA HONEYCUTT  
314 LAKESHORE BLVD  
KISSIMMEE, FL 34741

FEI Number: 59-3166737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATTON, PATRICIA  
320 DAKIN AVE EAST  
KISSIMMEE, FL 34741 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: D ( ) Delete  
Name: NEALE, MARY  
Address: 404 LAKESHORE BLVD.  
City-St-Zip: KISSIMMEE, FL 34741

Title: TP ( ) Delete  
Name: PERRY, CELESTE  
Address: 417 EAST DRURY AVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VPT ( ) Delete  
Name: SIMONE, DAN  
Address: 424 LAKESHORE  
City-St-Zip: KISSIMMEE, FL 34741

Title: TS ( ) Delete  
Name: PATTON, PATRICIA  
Address: 320 DAKIN AVE. S.  
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PATTON, PATRICIA  
Address: 320 DAKIN AVE EAST  
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition  
Name: PERRY, CELESTE  
Address: 417 EAST DRURY AVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change ( ) Addition  
Name: SIMONE, DAN  
Address: 424 LAKESHORE  
City-St-Zip: KISSIMMEE, FL 34741

Title: P (X) Change ( ) Addition  
Name: HONEYCUTT, SHEILA  
Address: 314 LAKESHORE BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Change (X) Addition  
Name: HUPERT, SIMONE  
Address: 424 LAKESHORE  
City-St-Zip: KISSIMMEE, FL 34741

Title: S/T ( ) Change (X) Addition  
Name: RAMIREZ, SUSAN  
Address: 280 WILL BARBER ROAD  
City-St-Zip: KISSIMMEE, FL 34741

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: PATRICIA PATTON

D

03/28/2009

Electronic Signature of Signing Officer or Director

Date