

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000381

FILED
Apr 30, 2009
Secretary of State

Entity Name: AFFORDABLE HOUSING BY LAKE, INC.

Current Principal Place of Business:

710 S. BAY STREET
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1629
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: 59-3175542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWRY, ARCHIE O JR
1208 E 5TH AVENUE
MOUNT DORA, FL 32757 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: TD () Delete
Name: HOFF, NANCY
Address: 1301 S BAY ST
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: COSDEN, BARBARA
Address: 15375 US HWY 441
City-St-Zip: EUSTIS, FL 32726

Title: VP () Delete
Name: PEEBLES, ELAINE
Address: 295 E. STATE RD 50, STE50
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: BOLT, AMY
Address: 714 N. DONNELLY ST.
City-St-Zip: MT. DORA, FL

Title: D () Delete
Name: SCOTT, JOHNNIE
Address: 750 N CENTRAL AVENUE
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: PISIOTTA, KELLY
Address: 710 S. BAY STREET
City-St-Zip: EUSTIS, FL 32726

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
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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: NANCY HOFF

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date