2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N93000003898

Entity Name: LOST CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1122 AYRSHIRE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1122 AYRSHIRE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3236076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREY, JUDI A
112 AYRSHIRE ST
ORLANDO, FL 32803 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: SHAW, ROBERT
Address: 3106 HEARTLEAF PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete
Name: WESSEL, GLENN
Address: 1172 VALLEY CREEK RUN
City-St-Zip: WINTER PARK, FL 32792

Title: 2VPD ( ) Delete
Name: ICKES, CHARLES
Address: 2804 DIKE RD.
City-St-Zip: WINTER PARK, FL 32792

Title: TD ( ) Delete
Name: COLEMAN, DANIEL
Address: 1140 VALLEY CREEK RUN
City-St-Zip: WINTER PARK, FL 32792

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

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: D ( ) Change (X) Addition
Name: SALT, GEORGE
Address: 1188 VALLEY CREEK RUN
City-St-Zip: WINTER PARK, FL 32792

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: JUDI CAREY LCAM 03/11/2009

Electronic Signature of Signing Officer or Director — Date