2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004218

FILED Mar 31, 2009 Secretary of State

Entity Name: LAKE LOUISE ESTATES HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
7475 63RC LIVE OAK,	COURT FL 32060475	US			
Current Mailing Address:			New Maili	New Mailing Address:	
7475 63RC LIVE OAK,	COURT FL 32060475	US			
FEI Number:	59-3217663	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
7416 65TH		JR. JS			
	named entity s e of Florida.	submits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF			_		
		ic Signature of Registered Ager		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	P () BURNHAM, GEO 10556 70TH ST LIVE OAK, FL	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D () JONES, MICKE 6560 76TH ST. LIVE OAK, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () READ, BEVERL 7440 65TH DRI LIVE OAK, FL	VE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () TODD, LAWREI 9786 86TH STR LIVE OAK, FL		Title: Name: Address: City-St-Zip:	ST (X) Change () Addition TODD, LAWRENCE 7286 65TH DRIVE LIVE OAK, FL	
Title: Name:	D () MARLER, RIC 7457 65TH DRI' LIVE OAK, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Address: City-St-Zip:			Title:	() Change () Addition	

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: TODD LAWRENCE SEC 03/31/2009