2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2008
Secretary of State

DOCUMENT# N94000004066

Entity Name: LAKE VICTORIA OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 238624
PORT ORANGE, FL 32123 US

New Mailing Address:

FEI Number: 59-3213913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: RAFFERTY, RUSSELL
Address: 990 WATERFORD POINTE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete
Name: GIANNONE, EDWARD
Address: 5894 PLAINVIEW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: ST ( ) Delete
Name: WATTS, DANIEL
Address: 982 WATERFORD POINTE DR.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAFFERTY, RUSSELL
Address: 990 WATERFORD POINTE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD (X) Change ( ) Addition
Name: GIANNONE, EDWARD
Address: 5894 PLAINVIEW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: STD (X) Change ( ) Addition
Name: SHEPHERD, GARY
Address: 922 WATERFORD POINTE DR.
City-St-Zip: PORT ORANGE, FL 32127

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: RUSSELL RAFFERTY PD 02/03/2008

Electronic Signature of Signing Officer or Director — Date