## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400005262

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Name: THE LOVELANDERS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
157 HAVAN VENICE, FL	IA RD. _ 342923104				
Current Mailing Address:			New Mailing Address:		
157 HAVANA RD. VENICE, FL 342923104					
FEI Number:	65-0551561	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na			Name and Address of	of New Registered Agent:	
ROBERTS, GREGORY C 341 W VENICE AVE VENICE, FL 34285 US					
The above in the State		ıbmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD ()E MACKEY, JOYCE 604 PAGET DR. VENICE, FL 342		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () E MILLER, BEVERI 1217 GAYLE AVE NOKOMIS, FL 34	<b>=</b>	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E FERNANDEZ, JO 330 TROJAN RD. VENICE, FL 342		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () E FOGLIETTA, MAR 1239 WATERSID VENICE, FL 342	E LAN E	Title: Name: Address: City-St-Zip:	() 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BEVERLY J MILLER 03/24/2009 Τ

( ) Delete

RIGGS, AUDREY

975 BONAIRE E

VENICE, FL 34295

(X) Change ( ) Addition

SITKOWSKI, TINA

VENICE, FL 34293

674 CIRCLEWOOD DR