

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006022

FILED
Apr 13, 2009
Secretary of State

Entity Name: LAKESHORE TRAILS HOMEOWNERS ASSOCIATION OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

697 WINTERBERRY TR
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3163
DELAND, FL 32721 US

New Mailing Address:

FEI Number: 14-1984478 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, NORD L
105 E. CHURCH ST.
DELAND, FL 32724 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: DVP () Delete
Name: COTTON, RAYMOND
Address: 3603 ROYAL FERN CIRCLE
City-St-Zip: DELAND, FL 32724

Title: DMAL () Delete
Name: SHARON, PAT
Address: 677 WINTERBERRY TRAIL
City-St-Zip: DELAND, FL 32724

Title: DT () Delete
Name: HOARD, KALON
Address: 3605 ROYAL FERN CIRCLE
City-St-Zip: DELAND, FL 32724

Title: DS () Delete
Name: ANTOL, PATRICIA R
Address: 697 WINTERBERRY TRAIL
City-St-Zip: DELAND, FL 32724

Title: DP () Delete
Name: WELLS, ALEX
Address: 3606 MARBLEBERRY LANE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MACNAUGHTON, MONICA
Address: 3623 ROYAL FERN CIRCLE
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: SCHYVING, LARRY
Address: 681 WINTERBERRY TRAIL
City-St-Zip: DELAND, FL 32724

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: PATRICIA R. ANTOL

DS

04/13/2009

Electronic Signature of Signing Officer or Director

Date