

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006076

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAKE OLA LAKE FRONT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

7101 WRIGHT AVENUE
TANGERINE, FL 32777

New Principal Place of Business:

Current Mailing Address:

PO BOX 343
TANGERINE, FL 32777 US

New Mailing Address:

FEI Number: 59-3317573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLEW, LINDA R
6974 LAKE ALA DR
MOUNT DORA, FL 32757 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: HERBERT, RICHARD
Address: 7906 EARLWOOD AVE/POB 485
City-St-Zip: MOUNT DORA, FL 32777

Title: T () Delete
Name: BUCKLEW, LINDA
Address: 6974 LAKE OLE DR
City-St-Zip: MOUNT DORA, FL 32757

Title: V9 () Delete
Name: FADEN, TODD
Address: 7072 LAKE OLA DR
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: HOLLINGSWORTH, SHARLEE
Address: 6962 LAKE OLA DR.
City-St-Zip: TANGERINE, FL 32777

Title: D () Delete
Name: MCDONALD, DAVID
Address: 7242 LAKE OLA DR
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FADEN, TODD
Address: 7072 LAKE OLA DRIVE/POB 343
City-St-Zip: MOUNT DORA, FL 32777

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

Title: VP (X) Change () Addition
Name: LUECK, CARL
Address: 7100 LAKE OLA DRIVE
City-St-Zip: MOUNT DORA, FL 32757

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

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

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: CARL LUECK

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date