## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001599

FILED Apr 14, 2009 Secretary of State

Entity Name: LITTLE LAKE BRYAN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 W SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-3349379 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ZINK. MICHAEL PILAVAKIS, CHRIS Name: Name: 13000 MULBERRY PK DR Address: 8623 VINELAND AVE Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821 Title: SD () Delete Title: (X) Change ( ) Addition MEHLE, BRITTENY Name: MORELAND, KINSEY S Name: Address: 13000 MULBERRY PK DR Address: 450 S ORANGE AVE City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: SD (X) Change ( ) Addition POFFORD, EVE PECORELLO, KIM Name: Name: 8300 ELM PARK DR #722 Address: 5728 MAJOR BLVD STE 601 Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32821 Title: (X) Delete Title: () Change () Addition Name: SANDERS, KIMBERLY Name: 12806 MADISON PT CIR Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: (X) Delete Title: () Change () Addition HANS, NIRMAL Name: Name: 8623 VINELAND AVE Address: Address: City-St-Zip: ORLANDO, FL 32821 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: CHRIS PILAVAKIS PD 04/14/2009