

# 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:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-3349379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: ZINK, MICHAEL  
Address: 13000 MULBERRY PK DR  
City-St-Zip: ORLANDO, FL 32821

Title: SD ( ) Delete  
Name: MEHLE, BRITTENY  
Address: 13000 MULBERRY PK DR  
City-St-Zip: ORLANDO, FL 32821

Title: TD ( ) Delete  
Name: POFFORD, EVE  
Address: 5728 MAJOR BLVD STE 601  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete  
Name: SANDERS, KIMBERLY  
Address: 12806 MADISON PT CIR  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete  
Name: HANS, NIRMAL  
Address: 8623 VINELAND AVE  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PILAVAKIS, CHRIS  
Address: 8623 VINELAND AVE  
City-St-Zip: ORLANDO, FL 32821

Title: SD (X) Change ( ) Addition  
Name: MORELAND, KINSEY S  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: SD (X) Change ( ) Addition  
Name: PECORELLO, KIM  
Address: 8300 ELM PARK DR #722  
City-St-Zip: ORLANDO, FL 32821

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: CHRIS PILAVAKIS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date