

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001643

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE LIONSPAW GRAND NEIGHBORHOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Mailing Address:

1190PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

FEI Number: 59-3349981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190PELICAN BAY DR
DAYTONA BCH, FL 32119 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: BERNACCHI, BOB
Address: 40 LIONSPAW GRAND
City-St-Zip: DAYTONA BEACH, FL 32124

Title: S/T () Delete
Name: LEEK, TOM
Address: 37 LIONS PAW GRAND
City-St-Zip: DAYTONA BEACH, FL 32124

Title: VP () Delete
Name: SCHERER, RON
Address: 35 LIONSPAW GRAND
City-St-Zip: DAYTONA BCH, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BERNACCHI, BOB
Address: 40 LIONSPAW GRAND
City-St-Zip: DAYTONA BEACH, FL 32124

Title: DS/T (X) Change () Addition
Name: LEEK, TOM
Address: 37 LIONS PAW GRAND
City-St-Zip: DAYTONA BEACH, FL 32124

Title: DVP (X) Change () Addition
Name: SCHERER, RON
Address: 35 LIONSPAW GRAND
City-St-Zip: DAYTONA BCH, FL 32124

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: BOB BERNACCHI

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date