

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002326

FILED
Feb 22, 2010
Secretary of State

Entity Name: LAKE FRANCES ESTATES PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1150 SKYLINE DR.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P O BOX 224
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3323906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPLEY LAW FIRM
131 WATERMAN AVENUE
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: PD
Name: HERRING, WILLIAM
Address: 1417 SCHULT COURT
City-St-Zip: TAVARES, FL 32778

Title: 2VPD
Name: BURKETT, BYRON
Address: 1154 CAPELLA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: 1VPD
Name: CHERNOSKY, FAY M
Address: 1584 NASSAU CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: SD
Name: FIESTER, JOYCE
Address: 1555 APACHE CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: TD
Name: EDWARDS, JAY R
Address: 1239 BELMONT CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: ATD
Name: REEVES, ALFRED
Address: 1296 SKYLINE DRIVE
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM HERRING

P

02/22/2010

Electronic Signature of Signing Officer or Director

Date