2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N95000003622

Entity Name: HILLS OF LAKE LOUISA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 56-3335578 **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: STAUDER, PETER
Address: 11637 GRAND BAY BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: SELAH, GEORGE
Address: 9224 WATER MEADOW COURT
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: CIOLINO, MARC
Address: 9202 SUMMER BREEZE CT.
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete
Name: LARSON, MICHELLE
Address: 9516 WHITE SAND COURT
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: ROVETTO, LINDA
Address: 9516 LOUISA WOODS COURT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: STD (X) Change ( ) Addition
Name: SEGAL, CRYSTAL
Address: 11817 GRAND HILLS BLVD
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER SAUDER PD 04/11/2007

Electronic Signature of Signing Officer or Director — Date