2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N95000004154

Entity Name: LAKE SUNSET/LUOLA TERRACE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

624 COOKMAN AVE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

708 S. OHIO AVE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3370072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WANDA
624 COOKMAN AVE
ORLANDO, FL 32805 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:	DP	( ) Delete
Name:	WILLIAMS, WANDA	
Address:	624 COOKMAN AVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	DV	( ) Delete
Name:	WILKERSON, MILDRED	
Address:	2609 LAKE SUNSET DRIVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	VP	( ) Delete
Name:	WRIGHT, EDETHIA	
Address:	1615 LAKE SUNSET DRIVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	T	( ) Delete
Name:	NIBLACK, MARY	
Address:	708 S. OHIO AVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	S	( ) Delete
Name:	BREWINGTON, DAPHNE	
Address:	607 DOBY AVE.	
City-St-Zip:	ORLANDO, FL 32805	
Title:	AS	( ) Delete
Name:	HIXON, MAXINE	
Address:	2221 LAKE SUNSET DRIVE	
City-St-Zip:	ORLANDO, FL 32805	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARY NIBLACK T 04/23/2009

Electronic Signature of Signing Officer or Director — Date