

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004426

FILED
Jun 29, 2009
Secretary of State

Entity Name: LAKE MANN HOMES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

728 GOLDWYN AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

728 GOLDWYN AVENUE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3341061 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, LYVONNE
728 GOLDWYN AVENUE
ORLANDO, FL 32805 US

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: THOMPSON, LYVONNE
Address: 730 GOLDWYN AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: T () Delete
Name: CLAYTON, ANN
Address: 3311 ECCLESTON ST
City-St-Zip: ORLANDO, FL 32805

Title: S () Delete
Name: BURNETT, ELEASE
Address: 3334 ECCLESTON ST.
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:

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: LYVONNE THOMPOSN

P

06/29/2009

Electronic Signature of Signing Officer or Director

Date