

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004764

FILED
Mar 05, 2009
Secretary of State

Entity Name: VARSITY LAKES OWNERS' 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: 65-0617607 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 327795044 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: SD () Delete
Name: GRADY, ALEXANDRA
Address: 1500 GRADUATE CT
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD () Delete
Name: BARAN, GILBERT
Address: 1516 EDUCATION CT
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: KELLEY, RICHARD
Address: 1504 FIELDHOUSE CT
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD () Delete
Name: PROVINS, BARBARA
Address: 4680 VARSITY CIR
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD () Delete
Name: MARTIN, ANNABELLE
Address: 4541 VARSITY CIR
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BOREK, MARIA
Address: 1508 FIELDHOUSE CT
City-St-Zip: LEHIGH ACRES, FL 33971

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

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

Title: SD (X) Change () Addition
Name: DORBER, APRIL
Address: 4572 VARSITY CIR
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD (X) Change () Addition
Name: MARTIN, ANNABELLE
Address: 4541 VARSITY CIR
City-St-Zip: LEHIGH ACRES, FL 33971

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: ANNABELLE MARTIN

PD

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date