## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002849

FILED Apr 29, 2009 Secretary of State

Entity Name: LAKE UNDERHILL PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
#383	CKASAW TR , FL 32825	RAIL			
Current Mailing Address:			New Mailii	New Mailing Address:	
#383	CKASAW TR	RAIL			
FEI Number:	59-3423320	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
ALLISON, ( 63 PINE AF ORLANDO		US			
	named entity of Florida.	submits this statement for the pu	irpose of changing it	s registered office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS	AND DIREC	CTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ALLISON, GEI 63 PINE ARBO ORLANDO, FL	DR DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ( SANTANA, HA 226 PINE ARE ORLANDO, FL	BOR DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S ( BARNETTE, T 259 PINE ARE ORLANDO, FL	BOR DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( MANGIAGLI, F 149 PINE ARE ORLANDO, FL	BOR DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition SUSAN, MARTIN 54 PINE ARBOR DRIVE ORLANDO, FL 32825	
Title: Name: Address: City-St-Zip:	D ( MARTIN, SUS 54 PINE ARBO ORLANDO, FL	OR DR	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DENNIS, HOLMES 6 PINE ARBOR DRIVE ORLANDO, FL 32825	
Fitle: Name: Address: City-St-Zip:	PICKERING, F	DERHILL LOOP	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STEVE, NAPIER 14 PINE ARBOR DRIVE ORLANDO, FL 32825	

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: GERALD L. ALLISON P 04/29/2009