

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003553

FILED
Feb 05, 2009
Secretary of State

Entity Name: LAKE ST. CHARLES MASTER ASSOCIATION INC.

Current Principal Place of Business:

409 E COLLEGE AVE
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-3433976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, DEE ANNE
409 E COLLEGE AVE
RUSKIN, FL 33570 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: VP () Delete
Name: HOROWITZ, SCOTT
Address: 9721 BAY COLONY DR
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: KINSEY, JAMES
Address: 10101 CANNON DR
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: RICHMOND, WARREN
Address: 7106 BUCKS FORD DR
City-St-Zip: RIVERVIEW, FL 33569

Title: P () Delete
Name: PALMER, TOM
Address: 10001 REMINGTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: V (X) Delete
Name: NELSON, DAVID
Address: 7215 BUCKS FORD DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WELLING, DAVID
Address: 6923 POTOMAC CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

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: TOM PALMER

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date