

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003928

FILED
Jan 05, 2007
Secretary of State

Entity Name: LAKE CLAIR PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4250 ALFAYA TRAIL, SUITE 212
PMB 345
OVIEDO, FL 32765

New Principal Place of Business:

P.O. BOX 120463
CLERMONT, FL 34712 US

Current Mailing Address:

4250 ALFAYA TRAIL, SUITE 212
PMB 345
OVIEDO, FL 32765

New Mailing Address:

P.O. BOX 120463
CLERMONT, FL 34712 US

FEI Number: 59-3406230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNSIDE, LILLY
RELIABLE PROPERTY MANAGERS
PMB 345 4250 ALAFAYA TR. SUITE 212
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CORRADINO, MICHAEL W
11627 CLAIR PLACE
CLERMONT, FL 34711 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: MICHAEL W. CORRADINO

01/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, PATTY
Address: 10501 MIRA LAGO LN
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: BROWN, BEVERLY
Address: 11601 CLAIRE PEACE
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: TOMPKINS, SUE
Address: 10548 MIRA LAGO LANE
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORRADINO, MICHAEL W
Address: 11627 CLAIR PLACE
City-St-Zip: CLERMONT, FL 34711 US

Title: VD (X) Change () Addition
Name: HOLLINGER, PEGGY
Address: 10541 MIRA LAGO
City-St-Zip: CLERMONT, FL 34711 US

Title: TD (X) Change () Addition
Name: MILNES, RICHARD
Address: 11634 CLAIR PLACE
City-St-Zip: CLERMONT, FL 34711 US

Title: SD () Change (X) Addition
Name: DELANEY, TIM
Address: 11616 CLAIR PLACE
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL W. CORRADINO

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date