2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N96000005993

Entity Name: LYNNWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND ST
STE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND ST
STE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3428054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER, FL 33765 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: S ( ) Delete
Name: TOOMEY, TOM
Address: 4012 LIGUSTRUM DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: PD ( ) Delete
Name: MCPHERSON, JEFF
Address: 4059 LIGUSTRUM DR
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete
Name: BLAHA, BERNADINE
Address: 4080 LIGUSTRUM DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD ( ) Delete
Name: MIERA, SALLY
Address: 5178 LOQUAT COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: FAKTEROWITZ, JAY
Address: 4064 LIGUSTRUM DR
City-St-Zip: PALM HARBOR, FL 34685

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: WRONKA, SUZANNE
Address: 4000 LIGUSTRUM DR.
City-St-Zip: PALM HARBOR, FL 34685

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

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

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

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

Title: D ( ) Change (X) Addition
Name: FAKTEROWITZ, JAY
Address: 4064 LIGUSTRUM DR
City-St-Zip: PALM HARBOR, FL 34685

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: JEFF MCPHERSON PD 01/23/2009
Electronic Signature of Signing Officer or Director — Date