

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006622

FILED
Jan 07, 2009
Secretary of State

Entity Name: MEMORY LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2205 COLEWOOD LANE
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

2205 COLEWOOD LANE
DOVER, FL 33527

New Mailing Address:

FEI Number: 59-3489345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, SHELIA
2205 COLEWOOD LANE
DOVER, FL 33527 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: D () Delete
Name: VOGT, LEEANNE
Address: 2203 COLEWOOD LANE
City-St-Zip: DOVER, FL 33527

Title: PST () Delete
Name: CHAPMAN, SHELIA
Address: 2104 COLEWOOD LANE
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: CHAPMAN, STEVE
Address: 2205 COLEWOOD LANE
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: PASKERT, DAVID
Address: 2201 COLEWOOD LANE
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: PREAST, DAVID
Address: 2204 COLEWOOD LANE
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: SHELIA CHAPMAN

PST

01/07/2009

Electronic Signature of Signing Officer or Director

Date