## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001053

FILED Apr 13, 2009 Secretary of State

Entity Name: LAKE HILL WOODS HOMEOWNERS' ASSOCIATION INC

				ATION, INC.			
Current Pr	rincipal Plac	e of Business:		New Princ	ipal Place o	f Business:	
C/O PREMIER COMMUNITY MANAGERS 5151 ANDERSON AVE SUITE 99 ORLANDO, FL 32810 Current Mailing Address:				C/O PREMIER COMMUNITY MANAGERS 5151 ANDANSON ST SUITE 103 ORLANDO, FL 32804  New Mailing Address:  C/O PREMIER COMMUNITY MANAGERS 5151 ANDANSON ST SUITE 103 ORLANDO, FL 32804			
FEI Number:	59-3460426	FEI Number Applied	For ( ) FEI Nui				
Name and	Address of	Current Registered	Agent:	Name and	Address of	New Registered Agent:	
HOUSE, GARY C/O PREMIER COMMUNITY MANAGERS 5151 ANDERSON AVE SUITE 99 ORLANDO, FL 32810 US				HOUSE, GARY C/O PREMIER COMMUNITY MANAGERS 5151 ANDANSON ST SUITE 103 ORLANDO, FL 32804 US			
	named entity of Florida.	submits this stateme	nt for the purpose o	of changing it	s registered	office or registered agent, or both,	
SIGNATURE:				04/13/2009			
	Electro	nic Signature of Regi	stered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
		STORS:		ADDITION	SICHAINGE.		
Title: Name: Address: City-St-Zip:		) Delete AN ND CIR		Title: Name: Address: City-St-Zip:		)Change ()Addition	
Name: Address:	PD ( NEDWICK, DA 5056 SAILWIN ORLANDO, FL	) Delete AN ND CIR _ 32810 ) Delete CK ND CIR		Title: Name: Address:	(		
Name: Address: City-St-Zip: Title: Name: Address:	PD ( NEDWICK, DA 5056 SAILWIN ORLANDO, FL  VD ( REED, PATRI 5139 SAILWIN ORLANDO, FL	) Delete AN ND CIR - 32810  ) Delete CK ND CIR - 32810  ) Delete KER D ID DR		Title: Name: Address: City-St-Zip: Title: Name: Address:	(	) Change ()Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD ( NEDWICK, DA 5056 SAILWIN ORLANDO, FL  VD ( REED, PATRI 5139 SAILWIN ORLANDO, FL  D ( WILLIS, WALI 4915 BAYWIN ORLANDO, FL	) Delete AN ND CIR - 32810  ) Delete CK ND CIR - 32810  ) Delete KER D ID DR - 32810  ) Delete AK, TOM ND CR.		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	(	) Change ( ) Addition ) Change ( ) Addition	
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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: DAN NEDWICK PRES 04/13/2009