## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004347

FILED Apr 15, 2009 Secretary of State

Entity Name: LYDIA ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P. O. BOX 26097 JACKSONVILLE, FL 322266097 US **Current Mailing Address: New Mailing Address:** P. O. BOX 26097 JACKSONVILLE, FL 322266097 US FEI Number: 59-3485252 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENE, LAVELLE 10975 LYDIA ESTATES DRIVE EAST JACKSONVILLE, FL 32218 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GREENE, LAVELLE K Name: Name: 10975 LYDIA ESTATES DRIVE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: Title: S/D () Delete Title: S/D (X) Change ( ) Addition BANKS, MICHELLE J Name: DAVIS, LISA Name: Address: 10907 TAURINA RIDGE DRIVE Address: 10914 TAURINA RIDGE DRIVE City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: JACKSONVILLE, FL 32218 US Title: T/D () Delete Title: T/D (X) Change ( ) Addition ROBERSON, HENRY SAMS, WILLIAMS Name: Name: 11041 LYDIA ESTATES DRIVE WEST 10841 LYDIA ESTATES DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: JACKSONVILLE, FL 32218 US ( ) Delete (X) Change ( ) Addition Title: Title: VP/D Name: REYNOLDS, DANA Name: ALLEN, ROBERT L 10833 LYDIA ESTATES DRIVE EAST 10857 LYDIA ESTATES DRIVE EAST Address: Address: City-St-Zip: JACKSONMVILLE, FL 32218 US City-St-Zip: JACKSONMVILLE, FL 32218 US Title: (X) Delete Title: () Change () Addition SCOTT, MAUDE Name: Name: 10945 LYDIA ESTATES DRIVE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: Title: (X) Delete Title: () Change () Addition ALLEN, ROBERT L Name: Name: Address: 10857 LYDIA ESTATES DRIVE EAST Address: JACKSONVILLE, FL 32218 US City-St-Zip: 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: LAVELL K GREENE P/D 04/15/2009