

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007115

FILED  
Jun 09, 2008  
Secretary of State

**Entity Name:** LAKE SUSAN OUTLOOK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

12134 OUTLOOK DR.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121473  
CLERMONT, FL 347121473

**New Mailing Address:**

**FEI Number:** 59-3483163      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RENFROW, DANIELLE  
12134 OUTLOOK DR.  
CLERMONT, FL 34711      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: SD      ( ) Delete  
Name: RENFROW, MARK  
Address: 12134 OUTLOOK DR.  
City-St-Zip: CLERMONT, FL 34711

Title: TD      ( ) Delete  
Name: CARRINGTON, NATHAN  
Address: 12203 OUTLOOK DR.  
City-St-Zip: CLERMONT, FL 34711

Title: PD      ( ) Delete  
Name: RENFROW, DANIELLE  
Address: 12134 OUTLOOK DR.  
City-St-Zip: CLERMONT, FL 34711

Title: VD      ( ) Delete  
Name: TUCKER, VILMA  
Address: 12216 OUTLOOK DR.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD      (X) Change ( ) Addition  
Name: TUCKER, JAMES  
Address: 12216 OUTLOOK DR.  
City-St-Zip: CLERMONT, FL 34711

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

Title: VD      (X) Change ( ) Addition  
Name: LEIVA, JAIME  
Address: 12143 OUTLOOK DR.  
City-St-Zip: CLERMONT, FL 34711

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: DANIELLE RENFROW

PD

06/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date