## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000007115

FILED Jun 18, <u>2</u>009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

12134 OUTLOOK DR. 12144 OUTLOOK DR CLERMONT, FL 34711 CLERMONT, FL 34711

**Current Mailing Address: New Mailing Address:** 

PO BOX 121473

CLERMONT, FL 347121473

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: Name and Address of New Registered Agent:

RENFROW, DANIELLE GOODRICH, SANDRA C 12134 OUTLOOK DR. 12144 OUTLOOK DRIVE CLERMONT, FL 34711 US CLERMONT, FL 34711 US

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: SANDRA C. GOODRICH 06/18/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

RENFROW, MARK GOODRICH, SANDRA C Name: Name: 12134 OUTLOOK DR. Address: 12144 OUTLOOK DRIVE Address: CLERMONT, FL 34711 CLERMONT, FL 34711 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition Name: TUCKER, JAMES Name: RENFROW, DANIELLE

Address: 12216 OUTLOOK DR. Address: 12134 OUTLOOK DR. City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete Title: TD (X) Change ( ) Addition

RENFROW, DANIELLE HALL, ROY Name: Name: 12134 OUTLOOK DR. 12108 OUTLOOK DRIVE Address: Address:

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: VD (X) Delete Title: () Change () Addition Name:

LEIVA, JAIME Name: 12143 OUTLOOK DR. Address: Address: City-St-Zip: CLERMONT, FL 34711 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: SANDRA C. GOODRICH **PRES** 06/18/2009