

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000762

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.

Current Principal Place of Business:

11048 LYNN LAKE CIR
TAMPA, FL 33625 US

New Principal Place of Business:

11033 LYNN LAKE CIR
TAMPA, FL 33625 US

Current Mailing Address:

P.O. BOX 260428
TAMPA, FL 336850428 US

New Mailing Address:

FEI Number: 59-3564179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. LOUIS, SELWYN
11046 LYNN LAKE CIR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

VALLIERE, MARK
11033 LYNN LAKE CIR
TAMPA, FL 33625 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: MARK VALLIERE

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ST. LUISE, SELWYN
Address: 11046 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

Title: P () Delete
Name: WESTLAKE, DEBRA
Address: 11048 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

Title: T () Delete
Name: DALE, MARK
Address: 10928 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

Title: S (X) Delete
Name: SAPUTO, KATHI
Address: 10926 LYNN LAKE
City-St-Zip: TAMPA, FL 33625

Title: MBR (X) Delete
Name: HORTON, MARY
Address: 11069 LYNN LAKE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLIERE, MARK
Address: 11033 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change () Addition
Name: EPPLEY, BETH
Address: 11037 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

Title: T (X) Change () Addition
Name: PARADAS, FRANCISCO
Address: 11036 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

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: MARK VALLIERE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date