

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 24, 2009
Secretary of State**

DOCUMENT# N98000000762

Entity Name: HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.**Current Principal Place of Business:**11033 LYNN LAKE CIR
TAMPA, FL 33625 US**New Principal Place of Business:**11019 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:VALLIERE, MARK
11033 LYNN LAKE CIR
TAMPA, FL 33625 US**Name and Address of New Registered Agent:**TOM, FIGLIULO
11019 LYNN LAKE CIRCLE
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: TOM FIGLIULO

09/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: VALLIERE, MARK
Address: 11033 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625Title: VP () Delete
Name: EPPLEY, BETH
Address: 11037 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625Title: T () Delete
Name: PARADAS, FRANCISCO
Address: 11036 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: FIGLIULO, TOM
Address: 11019 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625Title: VD (X) Change () Addition
Name: NEAL, IVAN
Address: 11067 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625Title: TD (X) Change () Addition
Name: LEWAN, JACKIE
Address: 11023 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625Title: SD () Change (X) Addition
Name: PISANO, MARIA
Address: 11074 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625Title: D () Change (X) Addition
Name: THORNE, AMY
Address: 11058 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

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: IVAN NEAL

VD

09/24/2009

Electronic Signature of Signing Officer or Director

Date