

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 20, 2011
Secretary of State

DOCUMENT# N98000000762

Entity Name: HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.**Current Principal Place of Business:**11019 LYNN LAKE CIR
TAMPA, FL 33625 US**New Principal Place of Business:****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:**TOM, FIGLIULO
11019 LYNN LAKE CIRCLE
TAMPA, FL 33625 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: PD
Name: FIGLIULO, TOM
Address: 11019 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: VD
Name: NEAL, IVAN
Address: 11067 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: TD
Name: BAKER, ALEX
Address: 11069 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: SD
Name: PISANO, MARIA
Address: 11074 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D
Name: THORNE, AMY
Address: 11058 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

I hereby 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 all other like empowered.

SIGNATURE: IVAN NEAL / VD

MR

08/20/2011

Electronic Signature of Signing Officer or Director

Date