2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N98000002195

Entity Name: THE VILLAGE AT SPIRIT LAKE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

104 PALEO POINT COURT
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

409 ARCHAIC
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3508041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINS, DONALD L
104 PALEO POINT COURT
WINTER HAVEN, FL 33880 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 ( ) Delete
Name: HIGGINS, DONALD L
Address: 104 PALEO POINT COURT
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete
Name: ANZELMO, DON
Address: 23 THE VILLAGE BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete
Name: MANN, JOHN R
Address: 518 ARCHAIC
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD ( ) Delete
Name: SHEPHERD, JOYCE
Address: 323 LANCEOLATE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: CD ( ) Delete
Name: GRIESINGER, ARLENE
Address: 208 CLOVIS PASS
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: LUND, DOUG N
Address: 436 ARCHAIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: SD (X) Change ( ) Addition
Name: JONES, LORI
Address: 505 ARCHAIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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: DONALD L. HIGGINS PD 01/30/2009

Electronic Signature of Signing Officer or Director — Date