## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003545

FILED Feb 17, 2009 Secretary of State

Entity Name: LAKE KISSIMMEE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 45 LK KISSIMMEE MHP 27 LAKE KISSIMMEE MHP LAKE WALES, FL 33898 LAKE WALES, FL 33898 **Current Mailing Address: New Mailing Address:** 45 LK KISSIMMEE MHP PO BOX 1134 LAKE WALES, FL 33898 CAROLINA BEACH, NC 28428 US FEI Number: 59-3563564 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O, BRIEN, WILLIAM LOT 45 LAKE KISSIMMEE MHP LAKE WALES, FL 33898 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition O'BRIEN, WILLIAM GLISSON, JACKOLYN M Name: Name: 45 LAKE KISSIMMEE MHP Address: 27 LAKE KISSIMMEE MHP Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 Title: Title: () Delete () Change () Addition Name: TINCH, ELLIE Name: Address: 2 LAKE KISSIMMEE MHP Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCCARVER, EVAN Name: WATERS, JANET Name: 60 LAKE KISSIMMEE MHP 21 LAKE KISSIMMEE MHP Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 Title: ( ) Delete Title: () Change () Addition Name: SPITZER, JEAN Name: 5 LAKE KISSIMMEE MHP Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DOTSON, LARRY SIKES, ERNEST Name: Name: 61 LAKE KISSIMMEE MHP 11 LAKE KISSIMMEE MHP Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 Title: () Delete Title: (X) Change ( ) Addition GLISSON, JACKIE O WILLIAM Name: Name: Address: 27 LAKE KISSIMMEE MHP Address: 45 LAKE KISSIMMEE MHP LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 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: JACKOLYN M. GLISSON P 02/17/2009