

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 06, 2011
Secretary of State

Entity Name: LAKE KISSIMMEE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

27 LAKE KISSIMMEE MHP
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

PO BOX 1134
CAROLINA BEACH, NC 28428 US

New Mailing Address:

FEI Number: 59-3563564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RINALDO, WILLIAM LAWYER
1102 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 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: P
Name: GLISSON, JACKOLYN M
Address: 27 LAKE KISSIMMEE MHP
City-St-Zip: LAKE WALES, FL 33898

Title: T
Name: SIKES, ERNEST
Address: 11 LAKE KISSIMMEE MHP
City-St-Zip: LAKE WALES, FL 33898

Title: S
Name: SPITZER, JEANNE
Address: 5 LAKE KISSIMMEE MHP
City-St-Zip: LAKE WALES, FL 33898

Title: D
Name: CHRISTLIEB, ROBERT
Address: 47 LAKE KISSIMMEE MHP
City-St-Zip: LAKE WALES, FL 33898

Title: D
Name: NICHOLS, MAGGIE
Address: 31 LAKE KISSIMMEE MHP
City-St-Zip: LAKE WALES, FL 33898

Title: D
Name: WATERS, JANET
Address: 21 LAKE KISSIMMEE MHP
City-St-Zip: LAKE WALES, FL 33898

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: JACKOLYN M. GLISSON

P

03/06/2011

Electronic Signature of Signing Officer or Director

Date