

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 01, 2009
Secretary of State

DOCUMENT# N98000003953

Entity Name: CARILLON LAKES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US**New Principal Place of Business:****Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US**New Mailing Address:****FEI Number:** 59-3563812**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LELAND MANAGEMENT INC
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: BURNAND, JEAN
Address: 4113 WINDCHIME LANE
City-St-Zip: LAKELAND, FL 33811

Title: VD () Delete
Name: FREUND, WILLIAM
Address: 3931 WINDCHIME LANE
City-St-Zip: LAKELAND, FL 33811

Title: S () Delete
Name: HAUSER, NICHOLAS
Address: 3910 WINDCHIME LANE
City-St-Zip: LAKELAND, FL 33811

Title: TD () Delete
Name: CARON, RICHARD
Address: 4481 WHISTLEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: PERRO, ROBERT
Address: 4393 WHISTLEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LYONEL, LEONARD
Address: 4287 WHISTLEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811

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

Title: SD (X) Change () Addition
Name: PERRO, ROBERT
Address: 4393 WHISTLEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811

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: JEAN BURNAND

PD

07/01/2009

Electronic Signature of Signing Officer or Director

Date