2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N98000004523

Entity Name: LAKE LETTA RESTORATION ASSOCIATION, INC.

Current Principal Place of Business:

2434 S LAKE LETTA DR
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

2434 S LAKE LETTA DR
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 65-0851645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYERS, MARY JEAN
2434 S LAKE LETTA DR
AVON PARK, FL 33825 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:	VP	( ) Delete
Name:	BROSIUS, CARL	
Address:	2466 S LAKELETTA DR	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	LEWIS, MIKE	
Address:	600 S COMMERCE AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	TD	( ) Delete
Name:	BYERS, MARY JEAN	
Address:	2434 S LAKE LETTA DR	
City-St-Zip:	AVON PARK, FL 33825	
Title:	PD	( ) Delete
Name:	BARBEN, WILLIAM	
Address:	2093 HARTA OLSIE LANE	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	MIZE, JOE	
Address:	1150 RIATTO AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	SMITH, CARL	
Address:	600 S. COMMERCE AVE	
City-St-Zip:	SEBRING, FL 33870	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	BARBEN, WILLIAM	
Address:	2093 HARTIS DESIRE LANE	
City-St-Zip:	AVON PARK, FL 33825	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: MARY JEAN BYERS TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date