

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005423

FILED
Mar 21, 2007
Secretary of State

Entity Name: LOCH LEVEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3642101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: GEYS, LOUIS
Address: 1033 AUGUSTUS LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: STD () Delete
Name: STRUBAKIS, PAMELA L
Address: 1033 AUGUSTUS LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD () Delete
Name: GEYS, WESLEY
Address: 1033 AUGUSTUS LN
City-St-Zip: MOUNT DORA, FL 32757

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COTTA, BILL
Address: 1071 CEASARS CT
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD (X) Change () Addition
Name: LEVINE, PATRICIA
Address: 1011 JULIETTE BLVD
City-St-Zip: MOUNT DORA, FL 32757

Title: SD (X) Change () Addition
Name: LANGFORD, JOAN
Address: 2026 CASTELLI BLVD
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Change (X) Addition
Name: LAMBIASE, FRANK
Address: 1060 CEASARS CT
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL COTTA

PD

03/21/2007

Electronic Signature of Signing Officer or Director

Date