

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005758

FILED
Apr 07, 2009
Secretary of State

Entity Name: NORTHSHORE AT LAKE LIZZIE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3540128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT
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: SLAMAN, ALLEN I
Address: 4646 W. IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: SLAMAN, ROBERT A
Address: 4646 W. IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: STD () Delete
Name: OSBORN, MICHAEL S
Address: 4646 W. IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWINGLE, TODD
Address: 6512 COTTAGE LN
City-St-Zip: SAINT CLOUD, FL 34771

Title: VPD (X) Change () Addition
Name: DEMELO, MILO
Address: 6419 SHORELINE CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: TSD (X) Change () Addition
Name: MILLER, JASON
Address: 1813 LAKEWOOD DR
City-St-Zip: SAINT CLOUD, FL 34771

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: TODD SWINGLE

PD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date