

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005981

FILED
Apr 02, 2009
Secretary of State

Entity Name: LAKE LOUISA HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4004 EDGEWATER DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4004 EDGEWATER DRIVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3574842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSET REAL ESTATE INC.
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 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 () Delete
Name: HELMS, CAMMIE P
Address: 1338 VIA ROMA CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: LEVEILLE, SCOTT VP
Address: 13242 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: HELMS, CAMMIE S
Address: 13338 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: GAUS, DAVID T
Address: 13248 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: GREEN, IAN R D
Address: 13236 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HELMS, CAMILLA P
Address: 1338 VIA ROMA CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: GRAVILLA, ROBERT VP
Address: 13526 VIA ROMA CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: FORRESTER, LESMA S
Address: 13326 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: HANJA, YURI T
Address: 13706 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: WILSON, MARY D
Address: 13440 VIA ROMA CIR
City-St-Zip: CLERMONT, FL 34711

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: CAMILLA HELMS

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date