2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000006799

Entity Name: THE LAKES AT SABLE RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3661022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 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: TD ( ) Delete
Name: ONOFRY, GARY
Address: 3917 EAGLE FLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: ROBERSON, LANI
Address: 22943 COLLRIDGE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: SD ( ) Delete
Name: SCHNEIDER, CHRISTOPHER
Address: 22850 COLLRIDGE DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: VD ( ) Delete
Name: FUSON, DAVID
Address: 3925 EAGLE FLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: PD ( ) Delete
Name: CHANDLER, JOHN
Address: 22935 COLLRIDGE DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: DUSEK, TERRI
Address: 22807 ROBINS NEST COURT
City-St-Zip: LAND O LAKES, FL 34639

Title: VD (X) Change ( ) Addition
Name: SCHNEIDER, CHRISTOPHER
Address: 22850 COLLRIDGE DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: PD (X) Change ( ) Addition
Name: FUSON, DAVID
Address: 3925 EAGLE FLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: SD (X) Change ( ) Addition
Name: SEARS, JAMES
Address: 3947 EAGLE FLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

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: DAVID FUSON PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date