

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001316

FILED
Feb 03, 2009
Secretary of State

Entity Name: LAKE JUNE POINTE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LAKE JUNE POINTE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 1335
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 65-0908705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBLANC, KENNY
599 SUNSET PT DR
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

SCARBOROUGH, BOBBY
740 SUNSET POINTE DRIVE
LAKE PLACID, FL 33852 US

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: DOTTIE ROBINETT, TREASURER

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEBLANC, KENNY
Address: 599 SUNSET PT DR
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: TOWNSLEY, CHRIS
Address: 737 SUNSET POINTE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: SCARBOROUGH, BOBBY
Address: 740 SUNSET POINTE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BRANTLEY, PAT
Address: 704 SUNSET POINTE DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: RODRIGUEZ, WILLIAM
Address: 641 SUNSET POINTE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: ROBINETT, DOTTIE
Address: 641 SUNSET POINTE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCARBOROUGH, BOBBY
Address: 740 SUNSET PT DR
City-St-Zip: LAKE PLACID, FL 33852

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

Title: VP (X) Change () Addition
Name: SEATON, GREG
Address: 496 SUNSET POINTE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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

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: DOTTIE ROBINETT

TREA

02/03/2009

Electronic Signature of Signing Officer or Director

Date