

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002551

FILED
Jan 07, 2008
Secretary of State

Entity Name: LYNDELL PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

803 LYNDELL WAY
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

12209 LYNDELL PLANTATION DR
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

P.O. BOX 18911
PANAMA CITY, FL 32417

New Mailing Address:

FEI Number: 59-3584138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PATRICIA L
11939 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

LYNN, DAVID
12209 LYNDELL PLANTATION DR
PANAMA CITY BEACH, FL 32407 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: DAVID LYNN

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, PATRICIA L
Address: 803 LYNDELL WAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VD () Delete
Name: BRADFORD, SANDRA
Address: 12212 LYNDELL PLANTATION DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SD () Delete
Name: HOFFMAN, MARY A
Address: 12204 LYNDELL PLANTATION DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TD () Delete
Name: WARREN, JOHN E
Address: 12207 LYNDELL PLANTATION DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LYNN, DAVID
Address: 12209 LYNDELL PLANTATION DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: JOHN E WARREN

TD

01/07/2008

Electronic Signature of Signing Officer or Director

Date