

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003726

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE LAGRANGE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

18374 HIGHWAY 331
FREEPORT, FL 32349

New Principal Place of Business:

18374 HIGHWAY 331 S
FREEPORT, FL 32349

Current Mailing Address:

18374 HIGHWAY 331
FREEPORT, FL 32349

New Mailing Address:

18374 HIGHWAY 331 S
FREEPORT, FL 32349

FEI Number: 59-3585665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY STE 301
DESTIN, FL 32541 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: PARIS, ALBERT E
Address: 18374 US HWY 331 SOUTH
City-St-Zip: FREEPORT, FL 32439

Title: STD () Delete
Name: NELSON-PARIS, SHERRY L
Address: 18374 US HWY 331 SOUTH
City-St-Zip: FREEPORT, FL 32439

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: ANDERSON, GERALD
Address: PO BOX 4937
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: ALBERT E. PARIS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date