

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003956

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** LAPORTE VILLA LANDOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14131 LOUISE DRIVE  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

14131 LOUISE DRIVE  
SOUTHPORT, FL 32409

**New Mailing Address:**

**FEI Number:** 59-3584170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, DIANE  
14131 LOUISE DRIVE  
SOUTHPORT, FL 32409 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: OWENS, DIANE  
Address: 14131 LOUISE DRIVE  
City-St-Zip: SOUTHPORT, FL 32409

Title: VPD ( ) Delete  
Name: ZEDIKER, FRED  
Address: 14141 LOUISE DRIVE  
City-St-Zip: SOUTHPORT, FL 32409

Title: SD ( ) Delete  
Name: OWENS, JENICE  
Address: 14207 LOUISE DR  
City-St-Zip: PANAMA CITY, FL 32409

Title: TD ( ) Delete  
Name: HOOD, JIMMY  
Address: 14121 LOUISE DRIVE  
City-St-Zip: SOUTHPORT, FL 32409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: OWENS, DIANE  
Address: 14131 LOUISE DR  
City-St-Zip: SOUTHPORT, FL 32409

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: DIANE OWENS

PD

01/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date