

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90218 024 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N99000006509			
1. Entity Name LETTINGWELL HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 550 NORTH REO STREET SUITE 300 TAMPA, FL 33609		Mailing Address 550 NORTH REO STREET SUITE 300 TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-3588845		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REALMANAGE LLC 550 NORTH REO STREET SUITE 300 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$8.00 May Be Added to Fees	
Main check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARENS, RICHARD 30323 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMPSON, RICHARD 30403 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LONGO, ANN 30338 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALTON, STACIE 30838 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUSCINO, HANK 30422 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WASH, SARAH 30535 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOOT, JENNY 30233 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KAINEN, JOANNA 30148 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARGOWSKY, SOL 30448 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SAFARIK, CHARLES 30519 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSAW, TONY 30509 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANCIS, ROSALIND 30844 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that this information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.			
SIGNATURE: <u>Richard Thompson</u> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date: <u>4/28/08</u> Date	