

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006509

FILED
Feb 18, 2009
Secretary of State

Entity Name: LETTINGWELL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3586845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE MYERS, REALMANAGE, LLC
4902 EISENHOWER BLVD
SUITE 216
TAMPA, FL 33634 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: P () Delete
Name: MARTINEZ, MARY JANE
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: GULICK, GILBERT
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: LONGO, DELLA ANN
Address: 4902 EISENHOWER BLVD, SUTIE 216
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: EILRICH, MARY
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: STRAWBRIDGE, JAMES
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: JARGOWSKY, SOLOMAN
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARY JANE MARTINEZ

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date