

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006509

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** LETTINGWELL HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

24646 STATE ROAD 54  
SUITE 102  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

24646 STATE ROAD 54  
SUITE 102  
LUTZ, FL 33559 US

**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:**

BUSH ROSS ATTORNEYS AT LAW  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US

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

SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD  
2800  
TAMPA, FL 33602 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: JOHN INGLIS

01/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYNN, GERALD D  
Address: 24646 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

Title: VP  
Name: GULICK, GILBERT  
Address: 24646 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

Title: T  
Name: GOMEZ, VERNIE  
Address: 24646 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

Title: S  
Name: EILRICH, MARY  
Address: 24646 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

Title: D  
Name: O'CONNOR, WILLIAM  
Address: 24646 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

Title: D  
Name: CONNER, MERRILL F  
Address: 24646 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

I hereby 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 all other like empowered.

SIGNATURE: LESLIE LARZELERE

LCAM

01/17/2012

Electronic Signature of Signing Officer or Director

Date