

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732371

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: LAKES OF ACADIA HOMEOWNERS ASSOCIATION, INC

## Current Principal Place of Business:

19425 NW 56 PLACE  
MIAMI, FL 33055 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 820455  
SOUTH FLORIDA, FL 330820455 US

## New Mailing Address:

FEI Number: 59-1809193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEICE, KAREN  
6941 SW 196 AVENUE  
#20  
PEMBROKE PINES, FL 33332 US

## Name and Address of New Registered Agent:

NEICE JHONSON, KAREN  
6941 SW 196 AVENUE  
#20  
PEMBROKE PINES, FL 33332 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: KAREN JHONSON

02/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BRANFORD, WINSTON  
Address: 19245 N.W. 53 CIRCLE PLACE  
City-St-Zip: MIAMI, FL 33055

Title: VP ( ) Delete  
Name: CARBANA, JOANNE  
Address: 19301 NW 52 COURT  
City-St-Zip: MIAMI, FL 33055

Title: PD ( ) Delete  
Name: ALLBRITTON, YVONNE  
Address: 7990 W 15 LANE  
City-St-Zip: HIALEAH, FL

Title: D ( ) Delete  
Name: BRANFORD, EVELYN  
Address: 19745 NW 53 CIR PL  
City-St-Zip: MIAMI, FL 33055

Title: S ( ) Delete  
Name: OSPINA, LYNN  
Address: 19452 NW 54TH PL  
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete  
Name: ERAZO, FRANK  
Address: 19265 NW 56TH PL  
City-St-Zip: MIAMI, FL 33055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: BRANFORD, WINSTON  
Address: 19245 N.W. 53 CIRCLE PLACE  
City-St-Zip: MIAMI, FL 33055

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

Title: PD (X) Change ( ) Addition  
Name: ALLBRITTON, YVONNE  
Address: 7990 W 15 LANE  
City-St-Zip: HIALEAH, FL

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

Title: D (X) Change ( ) Addition  
Name: FERNANDEZ, BARBARA  
Address: 19442 NW 54TH PL  
City-St-Zip: MIAMI, FL 33055

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: YVONNE ALLBRITTON

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date