2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734976

FILED Feb 19, 2008 Secretary of State

Entity Name: LAKE HOWARD TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

208 E LAKE HOWARD DRIVE
WINTER HAVEN, FL 33881

Current Mailing Address:

New Mailing Address:

208 E LAKE HOWARD DRIVE WINTER HAVEN, FL 33881

FEI Number: 59-1881821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DUPONT, ISRAEL
208 E. LAKE HOWARD DR, #402
WINTER HAVEN, FL 33881 US

BREWER, NORMAN C
208 E. LAKE HOWARD DR, #202
WINTER HAVEN, FL 33881 US

WINTER HAVEN, FL 33881 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: NORMAN C BREWER 02/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change (X) Addition

WOODARD, BENNIE

208 E LAKE HOWARD DR #401 WINTER HAVEN, FL 33881

() Delete (X) Change () Addition CAMPBELL, CHRISTINE CRIBBS, BARBARA Name: Name: 208 E LAKE HOWARD DR #102 Address: 208 E LAKE HOWARD DR #203 Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 Title: () Delete Title: (X) Change () Addition DUPONT, ISRAEL Name: SHIELDS, DANIEL Name: Address: 208 E LAKE HOWARD DR. #402 Address: 8075 HWY 58 City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: UPPER SANDUSKE, OH 43351 Title: () Delete Title: () Change () Addition EDWARDS, SHARON J Name: Name: 208 E. LAKE HOWARD DR, #503 Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BREWER, NORMAN Name: BRAUN, HELEN 208 E LAKE HOWARD DR, # 202 Address: Address: 1663 LANGLEY DRIVE City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: HAGERSTOWN, MD 21740 Title: () Delete Title: () Change () Addition BRAUN, CARROLL Name: Name: 1663 LANGLEY DR Address: Address: City-St-Zip: HAGERSTOWN, MD 21740 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARROLL E BRAUN PRES 02/19/2008

() Delete