

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21516

FILED
Feb 12, 2009
Secretary of State

Entity Name: L-I-T-W CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4570 STACK BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

4570 STACK BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2793189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN
2500 N. MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431 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: VP () Delete
Name: KENNEDY, JAMES
Address: 4860-4 LAKE WATERFORD WAY WEST
City-St-Zip: MELBOURNE, FL 32901

Title: PD () Delete
Name: BERGMAN, MARVIN
Address: 4879 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: VOTRUBA, CAROLINE
Address: 4881-3 LAKE WATERFORD WAY WEST
City-St-Zip: MELBOURNE, FL 32901

Title: ST () Delete
Name: VOTRUBA, CAROLINE
Address: 4881-3 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: GORMAN, BEATRICE
Address: 4880-4 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: HONAN, FRANK
Address: 4883 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

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: MARVIN BERGMAN

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date