

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001108

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** LAKE KATHERINE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13287 SW 124 STREET  
MIAMI, FL 33186

**New Principal Place of Business:**

13297 SW 124 STREET  
MIAMI, FL 33186

**Current Mailing Address:**

13287 SW 124 STREET  
MIAMI, FL 33186

**New Mailing Address:**

13297 SW 124 STREET  
MIAMI, FL 33186

**FEI Number:** 65-0871238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, JOHN S  
13287 SW 124 STREET  
MIAMI, FL 33186 US

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

PHILLIPS, JOHN S  
13297 SW 124 STREET  
MIAMI, FL 33186 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: \_\_\_\_\_

03/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUAREZ, DEMARUS  
Address: 6173 MIAMI LAKES DR E  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: RODRIGUEZ, JULIO  
Address: 6177 MIAMI LAKES DR E  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: GARCIA, EDWARD  
Address: 6163 MIAMI LAKES DR E  
City-St-Zip: MIAMI LAKES, FL 33014

**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:

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: DEMARUS SUAREZ

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date