2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003604

FILED Apr 14, 2008 Secretary of State

Entity Name: PERLE DU LAC CONDOMINUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

660 OSCEOLA AVENUE WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

660 OSCEOLA AVENUE BOX #16 WINTER PARK, FL 32789

FEI Number: 59-3645158 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:

PIETROWSKI, JOANNA PRO MAN 660 OSCEOLÁ AVE **BOX 16** WINTER PARK, FL 32789 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KRISTAL, RAY YAGER, JOE Name: Name: 662 OSCEOLA AVE #201 Address: 660 OSCEOLA AVE #102 Address:

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: Title: (X) Change () Addition () Delete CHUPLIS, JOHN Name: PESCH, CINDY Name:

Address: 660 OSCEOLA AVE #105 Address: 662 OSCEOLA AVE #204

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: () Change () Addition

POPPLE, JOSEPH P Name: Name: Address: 664 OSCEOLA AVE #302 Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

LIVINGSTONE, RON Name: Name: TAUSSIG, ANNE MARIE 660 OSCEOLA AVE #101 Address: 664 OSCEOLA AVE #301 Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: (X) Change () Addition

KNUOSEN, LIZ Name: Name: KRISTALL, RAY 660 OSCEOLA AVE #104 662 OSCEOLA AVE #201 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

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: JOE POPPLE Т 04/14/2008