

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90020 009 ****61.25

DOCUMENT # 738893 1. Entity Name LAKERIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % THE CONTINENTAL GROUP INC. 12079 SW 131 AVE. MIAMI, FL 33186 US		Mailing Address % THE CONTINENTAL GROUP INC. 12079 SW 131 AVE. MIAMI, FL 33186 US	
2. Principal Place of Business 11981 SW 144 Ct Suite, Apt. #, etc. 201		3. Mailing Address 11981 SW 144 Ct Suite, Apt. #, etc. 201	
City & State Miami, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country USA		Country USA	
4. FEI Number 59-1796623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT J. TIESO ESQ 6950 CYPRESS RD. STE 101 PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIE, HORO 7106 SW 48 LANE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD Marie Hero 7106 SW 48 Lane Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE HASENTH, CHRISTIAAN 4851 SW 71 PLACE MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD Linda Singer 5249 SW 71 Place Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDWELL, ALEXANDER 7016 SW 48 LANE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Mary Bechdel 5292 SW 69 Place Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECHDEL, MARY 5292 SW 69 PLACE MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEROME, TEPPER 7008 SW 53 LANE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAILEY, RICHARD 4949 SW 48 LANE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-20-04	
Daytime Phone # 305-667-3084			