

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90045 038 ****61.25

DOCUMENT # 738893 1. Entity Name LAKERIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11981 SW 144 CT 201 MIAMI, FL 33186 US			Mailing Address 11981 SW 144 CT 201 MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT J. TIESO ESQ 6950 CYPRESS RD. STE 101 PLANTATION, FL 33317				Name Robert Paige Street Address (P.O. Box Number is Not Acceptable) 9500 South Dadelnrad Boulevard Suite 550 City Miami FL Zip Code 33156	
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.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERO, MANE		NAME	Hero, Marie	
STREET ADDRESS	7106 SW 48 LANE		STREET ADDRESS	7106 SW 48 Lane	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, FL 33155	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, LINDA		NAME	Singer, Linda	
STREET ADDRESS	5249 SW 71 PLACE		STREET ADDRESS	5249 SW 71 Place	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHDEL, MARY		NAME	Bell, Barbara	
STREET ADDRESS	5292 SW 69 PLACE		STREET ADDRESS	7100 SW 48 Lane	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33155	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, RICHARD		NAME	Dailey, Richard	
STREET ADDRESS	4949 SW 48 LANE		STREET ADDRESS	5288 SW 69 Place Miami, FL 33155	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowered.					
SIGNATURE: <u>MARIE Z. HERO Marie Z. Hero</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-6-05</u> <u>305-667-3084</u> <small>Date Daytime Phone #</small>		

40016113



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1796623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT J. TIESO ESQ
6950 CYPRESS RD.
STE 101
PLANTATION, FL 33317

Name Robert Paige

Street Address (P.O. Box Number is Not Acceptable)

~~9500 South Dadelnrad Boulevard~~

Suite 550

City Miami

FL

Zip Code 33156

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DATE

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Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 PD ☐ Delete
NAME HERO, MANE
STREET ADDRESS 7106 SW 48 LANE
CITY-ST-ZIP MIAMI, FL 33155

TITLE PD ☒ Change ☐ Addition
NAME Hero, Marie
STREET ADDRESS 7106 SW 48 Lane
CITY-ST-ZIP Miami, FL 33155

TITLE TD ☐ Delete
NAME SINGER, LINDA
STREET ADDRESS 5249 SW 71 PLACE
CITY-ST-ZIP MIAMI, FL 33155

TITLE SC ☒ Change ☐ Addition
NAME Singer, Linda
STREET ADDRESS 5249 SW 71 Place
CITY-ST-ZIP Miami, FL 33155

TITLE SD ☒ Delete
NAME BECHDEL, MARY
STREET ADDRESS 5292 SW 69 PLACE
CITY-ST-ZIP MIAMI, FL

TITLE TR ☐ Change ☒ Addition
NAME Bell, Barbara
STREET ADDRESS 7100 SW 48 Lane
CITY-ST-ZIP Miami, FL 33155

TITLE VPD ☐ Delete
NAME DAILEY, RICHARD
STREET ADDRESS 4949 SW 48 LANE
CITY-ST-ZIP MIAMI, FL 33155

TITLE VP ☒ Change ☐ Addition
NAME Dailey, Richard
STREET ADDRESS 5288 SW 69 Place Miami, FL 33155

TITLE ☐ Delete
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SIGNATURE: MARIE Z. HERO Marie Z. Hero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-05 305-667-3084
Date Daytime Phone #