

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718505

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LAUDERDALE MANOR RECREATION CENTER
1340 CHATEAU PARK DRIVE
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

C/O LAUD. MANORS HOMEOWNERS ASSOC. INC.
PO BOX 5471
FT LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 59-1713295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINNEY, IRVIN M
1800 NW 16 ST
FORT LAUDERDALE, FL 33311 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: P () Delete
Name: ELIJAH, EDNA
Address: 1524 NW 12 CT.
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V () Delete
Name: CURRY, CATHY
Address: 1709 NW 15TH PL
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: ARBUARY, HENRY
Address: 1642 N.W. 14TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T () Delete
Name: CONNIE, BAILEY
Address: 1172 NW 15TH STREET
City-St-Zip: MIAMI, FL 33111

Title: D () Delete
Name: GOODEN, DOROTHY
Address: 1418 NW 11TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: FOSTER, FAYE
Address: 2000 N.W. 11TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: JONES, CHRISTINE T
Address: 1600 NW 15 PLACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T (X) Change () Addition
Name: CONNIE, BAILEY
Address: 1172 NW 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33111

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: CHRISTINE JONES

V

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date