

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718505

FILED  
Feb 23, 2012  
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 ( )**

**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:**

SIMMONS, JOANN  
1565 NW 15 TERRACE  
FORT LAUDERDALE, FL 33311 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: CHRISTINE T. JONES

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ELIJAH, EDNA  
Address: 1524 NW 12 COURT  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V  
Name: JONES, CHRISTINE T  
Address: 1600 NW 15TH PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V  
Name: MINNEY, IRV M  
Address: 1800 NW 16 STREET  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T  
Name: CONNIE, BAILEY  
Address: 1172 NW 15TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S  
Name: MONROE, VIALENE  
Address: 1213 NW 15 PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D  
Name: BETHEA, BOBBY  
Address: 1613 NW 15 AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE T. JONES

VP

02/23/2012

Electronic Signature of Signing Officer or Director

Date