

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48195

**Entity Name:** FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5602 S.W. 57 PLACE  
DAVIE, FL 33314

**Current Mailing Address:**

P.O. BOX 292906  
DAVIE, FL 33329-2906

**FEI Number: 65-0347751**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LLOYD W. PROCTON, PA  
4400 SE 18TH STREET  
FORT LAUDERDALE, FL 33316 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DS  
Name MARTINEZ, JILL  
Address 5520 S.W. 58 COURT  
City-State-Zip: DAVIE FL 33314

Title DT  
Name SUAREZ, RAQUEL  
Address 5701 SW 58 COURT  
City-State-Zip: DAVIE FL 33314

Title D  
Name CANNEZZARO, MARILYN  
Address 5522 SW 57 PLACE  
City-State-Zip: DAVIE FL 33314

Title DVP  
Name BALAN, MIKE  
Address 5710 SW 58 COURT  
City-State-Zip: DAVIE FL 33314

Title DP  
Name MOORE, DEBBIE  
Address 5602 SW 57 PLACE  
City-State-Zip: DAVIE FL 33314

*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: RAQUEL B. SUAREZ**

**TREASURER**

**01/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date