FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724271 (2)

1. Corporation Name

LUDLUM LAKE ASSOCIATION INC.

Principal Place of Business	Mailing Address
6703 N.W. 169TH STREET HIALEAH FL 33015	6703 N.W. 169TH STREET HIALEAH FL 33015

3. Date Incorporated or Qualified: 09/05/1972

3a. Date of Last Report: 04/17/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1418726 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOVINO, MARY ANN
6707 NW 169TH ST
APT A-109
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: KEMP, DON M.
82 Street Address (P.O. Box Number is Not Acceptable): 6707 N.W. 169 ST.
83: APT A-104
84 City: MIAMI FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DON M. KEMP - President — Don M Kemp — DATE: 4/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☑ DELETE
NAME	IOVINO, MARY ANN	
STREET ADDRESS	6707 NW 169ST #A109	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	KEMP, RITA J.	
STREET ADDRESS	6707 NW 169 ST #A104	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	☐ DELETE
NAME	CROST, RICHARD	
STREET ADDRESS	6701 NW 169 ST #B308	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	☑ DELETE
NAME	IOVINO, MARY ANN	
STREET ADDRESS	6707 NW 169TH ST #A104	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☐ Change ☑ Addition
1.2 NAME	PRESIDENT PD KEMP, DON M.	
1.3 STREET ADDRESS	6707 NW 169 ST. A104	
1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	☐ Change ☑ Addition
4.2 NAME	VICE PRESIDENT VD KEMP, DON M.	
4.3 STREET ADDRESS	6707 NW 169 ST. A104	
4.4 CITY-ST-ZIP	MIAMI, FL. 33015	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

500001804375
-05/02/96--01015--040
***61.25

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don M. Kemp - President / Vice Pres. 3-28-96 305 828 2287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DON M. KEMP

5/15/96