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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724271

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

2. Principal Place of Business
21 NO CHANGE
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

3. Date Incorporated or Qualifed
09/05/1972

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

DAVIES, DALE T
6707 NW 169TH
A305
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORELLI, FERRUCCIO		1.2 NAME		
STREET ADDRESS	6701 NW 169TH ST B-205		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIES, DALE T		2.2 NAME		
STREET ADDRESS	6707 NW 169TH A305		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CROST, RICHARD		3.2 NAME		
STREET ADDRESS	6701 NW 169 ST #B308		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORELLI, MARIA Q.		4.2 NAME		
STREET ADDRESS	6701 NW 169TH ST B-205		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, HECTOR		5.2 NAME		
STREET ADDRESS	6705 NW 169TH ST C-207		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COBELO, FRANK		6.2 NAME		
STREET ADDRESS	6703 NW 169TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Maria Q. Morelli S/D **REQUIRED** 01/15/99 305-822-6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIA Q. MORELLI, S/D