

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91287 041 ****70.00

DOCUMENT # 724271

1. Entity Name

LUDLUM LAKE ASSOCIATION INC.



Principal Place of Business

**6703 N.W. 169TH STREET
HIALEAH FL 33015**

Mailing Address

**6703 N.W. 169TH STREET
HIALEAH FL 33015**

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1418726

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAENZ, GINA
6705 NW 169 ST
C-101
HIALEAH FL 33015**

7. Name and Address of New Registered Agent

Name **Becker & Poliakoff, P.A.
Gary A. Poliakoff, President**

Street Address (P.O. Box Number is Not Acceptable)

3111 Stirling Road

City

Fort Lauderdale

FL

Zip Code
33312

8. 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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAENZ, GINA 6705 NW 169TH ST. C-101 HIALEAH FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE 6705 NW 169TH ST. C101 HIALEAH FL 33015 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CROST, RICHARD 6701 NW 169TH ST. B-301 HIALEAH FL 33015 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACERA, ANTONIO 6705 N.W. 169TH ST C-109 HIALEAH FL 33015 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBELO, FRANK 6701 NW 169TH ST. B-302 HIALEAH FL 33015 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MORELLI, FERRUCCIO 6701 N.W. 169th STREET, B-205 HIALEAH FL 33015 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LACERA, ANTONIO 6705 N.W. 169th STREET, C-109 HIALEAH FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CROST, RICHARD 6701 N.W. 169th STREET, B-301 HIALEAH FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBELO, FRANK 6701 N.W. 169th STREET, B-302 HIALEAH FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLI, MARIA 6701 N.W. 169th STREET, B-205 HIALEAH FL 33015 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, RIGOBERTO 6705 N.W. 169th STREET, C-211 HIALEAH FL 33015 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gina Saenz - Gina Saenz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2004 305-825-4973
Date Daytime Phone #