

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90035 048 ****70.00

DOCUMENT # 724271

1. Entity Name

LDLUM 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

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

**POLIAKOFF, GARY A
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD ☒ Delete
NAME MORELLI, FERRUCCIO
STREET ADDRESS 6701 NW 169TH ST B-205
CITY-ST-ZIP HIALEAH FL 33015

TITLE VD ☒ Delete
NAME MAJAIL, MARIA C
STREET ADDRESS 6705 NW 169TH ST C-203
CITY-ST-ZIP HIALEAH FL 33015

TITLE TD ☐ Delete
NAME CROST, RICHARD
STREET ADDRESS 6701 NW 169TH ST. B-301
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ Delete
NAME ROSALES, RIGOBERTO
STREET ADDRESS 6705 NW 169TH ST C-211
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ Delete
NAME COBELO, FRANK
STREET ADDRESS 6701 NW 169TH ST. B-302
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☒ Delete
NAME MORELLI, FERRUCCIO
STREET ADDRESS 6701 NW 169TH ST BB-205
CITY-ST-ZIP FORT LAUDERDALE FL 33-30-5

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME ESPINOSA, MANUEL
STREET ADDRESS 6707 NW 169th Street, A-304
CITY-ST-ZIP Hialeah, FL 33015

TITLE VD ☐ Change ☒ Addition
NAME AQUINO, CARMEN
STREET ADDRESS 6707 NW 169th Street, A-107
CITY-ST-ZIP Hialeah, FL 33015

TITLE SD ☐ Change ☒ Addition
NAME DELEON, BELINDA
STREET ADDRESS 6705 NW 169th Street, C-108
CITY-ST-ZIP Hialeah, FL 33015

TITLE D ☐ Change ☒ Addition
NAME SAENZ, GINA
STREET ADDRESS 6705 NW 169th Street, C-101
CITY-ST-ZIP Hialeah, FL 33015

TITLE D ☐ Change ☒ Addition
NAME GARCIA, LILIANA
STREET ADDRESS 6705 NW 169th Street, C-110
CITY-ST-ZIP Hialeah, FL 33015

TITLE D ☐ Change ☒ Addition
NAME JAIMES, JOSE JAVIER
STREET ADDRESS 6707 NW 169th Street, A-105
CITY-ST-ZIP Hialeah, FL 33015

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Crost **RICHARD CROST TREAS 3/23/06**