2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

1. Entity Name LUDLUM LAKE ASSOCIATION INC.										08 90064	029 ***	*70.00	
Principal Place of Business 6703 N.W. 169TH STREET HIALEAH, FL 33015			6703	Mailing Address 6703 N.W. 169TH STREET HIALEAH, FL 33015									
2. Principal Place of Business - No P.O. Box # SAME				3. Mailing Address SAME									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01232	008	Chg-NP	CR2E	37 (12/06	·	
City & State			Cit	City & State			4. FEI N	Number 1418				Applied For Not Applicable	
Zip	Country Country		Zip		Cou	untry	5. Certi	ficate o	of Status Desire	d 🚉	\$8.75 / Fee Requ	Additional	
	6. Name	and Address of Currer	nt Registere	ed Agent	·	I	7. Nam	e and	Address of New	w Registered	<u> </u>		
POLIAKO	FF. GARY	Α.		_		Name	Name SAME						
3111 STIF	RLING ROA	AD					Idress (P.O. Box I	Vumber	r is Not Accepte	able)			
FORT LA	UDERDALI	E, FL 33312				ļ			·				
						City	 		·		Zip C	ode	
8 The above	e named entity	v submite this statement	for the num	one of changing its	rocietor	ad affice as a	-acidensed asset	111		FI	- '		
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 Signature, typed or printed here of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	Signature, typed	or printed name of registored age	qqa fi etti bne tn	ficable. (NOTE	: Registered	d Agent signature	e required when reinstati	ing)		DATE			
	Filing Fe	or printed name of registered age the Is \$61.25 flay 1, 2008	nt and little if app	9. Election Can Trust Fund C	npaign F	inancing	\$5.00	May Be		Make chec lorida Depa			
10.	Filing Fe Due by M	e is \$61.25		9. Election Can Trust Fund C	npaign F Contributi	inancing ion.	\$5.00 in Added to	May Be Fees		Make chec lorida Depa	rtment of	State IN 10	
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12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 cath; 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

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RICHARD CRUST
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFF

Justind Cicol

1/11/08 (305)822614