2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90064 029 ****70.00

DOCUMENT # 724271

1. Entity 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

01232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
POLIAKOFF, GARY A 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESPINOSA, MANUEL 6707 NW 169TH ST, A-304 HIALEAH, FL 33015	XX Delete	PD MIGUELENA, MANUEL 6707 NW 169th ST., A-302 HIALEAH, FL 33015	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DE LEON, BELINDA 6705 NW 169TH ST C-108 HIALEAH, FL 33015	XX Delete	SD DE LEON, BELINDA 6705 NW 169th ST, C-108 HIALEAH, FL 33015	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CROST, RICHARD 6701 NW 169TH ST. B-301 HIALEAH, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSALES, RIGOBERTO 6705 NW 169TH ST C-211 HIALEAH, FL 33015	XX Delete	VD ROSALES, RIGOBERTO 6705 NW 169th ST., C-211 HIALEAH, FL 33015	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBELO, FRANK 6701 NW 169TH ST. B-302 HIALEAH, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAENZ, GINA 6705 NW 169TH ST C-101 HIALEAH, FL 33015	XX Delete		☐ Change ☐ Addition

12. I hereby 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 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: RICHARD CROST Richard Crost 4/11/08 (305)822 6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #