2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 724271

Entity Name: LUDLUM LAKE ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1418726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIGUELENA, MANUEL
Address: 6707 NW 169TH ST. A-302
City-St-Zip: HIALEAH, FL 33015

Title: SD ( ) Delete
Name: DE LEON, BELINDA
Address: 6705 NW 169TH ST, C-108
City-St-Zip: HIALEAH, FL 33015

Title: TD ( ) Delete
Name: CROST, RICHARD
Address: 6701 NW 169TH ST. B-301
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete
Name: ROSALES, RIGOBERTO
Address: 6705 NW 169TH ST, C-211
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete
Name: COBELO, FRANK
Address: 6701 NW 169TH ST. B-302
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PINEDO, RAMIRO
Address: 6705 NW 169TH ST. C-208
City-St-Zip: HIALEAH, FL 33015

Title: S (X) Change ( ) Addition
Name: LEON, DELIA
Address: 6707 NW 169TH ST, A-309
City-St-Zip: HIALEAH, FL 33015

Title: T (X) Change ( ) Addition
Name: AQUINO, CARMEN
Address: 6707 NW 169TH ST. A-107
City-St-Zip: HIALEAH, FL 33015

Title: D (X) Change ( ) Addition
Name: GOMEZ, ADIELA
Address: 6707 NW 169TH ST, A-209
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMIRO PINEDO P 03/24/2009

Electronic Signature of Signing Officer or Director — Date