NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91516 010 ****61.25

DOCUMENT # 724271

1. Entity Name

LUDLUM LAKE ASSOCIATION, INC,

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6703 N.W. 169th STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HIALEAH, FL	
Zip: 33015 Country: DADE	Zip: Country:

4. FEI Number: 59-1418726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GINA SAENZ

Street Address (P.O. Box Number is Not Acceptable): 6705 N.W. 169th Street

C-101

City: HIALEAH **FL** Zip Code: 33015

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: Gina Saenz GINA SAENZ, SECRETARY, 4-23-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	P/T/D
NAME	CROST, RICHARD
STREET ADDRESS	6701 N.W. 169th ST. , B-301
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	VD
NAME	COBELO, FRANK
STREET ADDRESS	6701 N.W. 169th ST., B-302
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	SD
NAME	SAENZ, GINA
STREET ADDRESS	6705 N.W. 169th ST., C-101
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	D
NAME	RODRIGUEZ, JOSE
STREET ADDRESS	6705 N.W. 169th ST., C-301
CITY-ST-ZIP	HIALEAH, FLORIDA 33015
TITLE	D
NAME	LACERA, ANTONIO
STREET ADDRESS	6705 N.W. 169th ST., C-109
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gina Saenz, Gina Saenz, Secretary 4-23-2003 305-825-4973