2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 724284

Entity Name: LEMONTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3022 DAY AVE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3022 DAY AVE
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-1585160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONLIN, DENNIS
3022 DAY AVE
COCONUT GROVE, FL 33133 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:	VPD	( ) Delete
Name:	THOMSON, HOWARD	
Address:	3026 DAY AVE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	TD	( ) Delete
Name:	CONLIN, DENNIS	
Address:	3022 DAY AVE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	PD	( ) Delete
Name:	ZAYDON, LOUIS	
Address:	3030 DAY AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	WYNKOOP, JAMES	
Address:	3246 VIRGINIA ST	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	WINNER, ROBERT	
Address:	3254 VIRGINIA ST	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	SD	( ) Delete
Name:	ARRASTIA, JOHN	
Address:	3244 VIRGINIA ST	
City-St-Zip:	MIAMI, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KAPLAN, ANDREW	
Address:	3248 VIRGINIA ST	
City-St-Zip:	MIAMI, FL 33133	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: DENNIS CONLIN TD 04/21/2009

Electronic Signature of Signing Officer or Director — Date