

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90061 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                                                                     |                                                                      |                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 724795</b><br>1. Entity Name<br><b>LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                |                                                                                     |                                                                      |                                                                                               |  |
| Principal Place of Business<br><b>301 LAKE SHORE DR.<br/>LAKE PARK, FL 33403</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                |                                                                                     | Mailing Address<br><b>301 LAKE SHORE DR.<br/>LAKE PARK, FL 33403</b> |                                                                                                                                                                                |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                | 3. Mailing Address                                                                  |                                                                      |                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                | Suite, Apt. #, etc.                                                                 |                                                                      |                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                | City & State                                                                        |                                                                      |                                                                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                        | Zip                                                                                 | Country                                                              |                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SEACREST MANAGEMENT INC<br/>2400 CENTRE PARK WEST DR 175<br/>WEST PALM BEACH, FL 33409</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                |                                                                                     |                                                                      | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                |                                                                                     |                                                                      |                                                                                                                                                                                |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                      | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                         |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                |                                                                                     |                                                                      |                                                                                                                                                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>PERSAUD, JAI</b> <input type="checkbox"/> Delete<br><b>301 LAKE SHORE DR. #807</b><br><b>LAKE PARK, FL 33403</b>                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>Persaud, Jai</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>DESOUZA, MICHAEL</b> <input checked="" type="checkbox"/> Delete<br><b>301 LAKE SHORE DR. #601</b><br><b>LAKE PARK, FL 33403</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>VP</b><br><b>Michael Caputo</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>301 Lake Shore Dr #210</b><br><b>LAKE PARK, FL 33403</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>ROSE, WILLIAM</b> <input type="checkbox"/> Delete<br><b>301 LAKE SHORE DR. #703</b><br><b>LAKE PARK, FL 33403</b>               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>NAWROCKI, STEPHEN</b> <input type="checkbox"/> Delete<br><b>301 LAKE SHORE DR #310</b><br><b>LAKE PARK, FL 33403</b>            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>STUFAT, MARK</b> <input type="checkbox"/> Delete<br><b>301 LAKE SHORE DR #611</b><br><b>LAKE PARK, FL 33403</b>                 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>Stufat, Mark</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                                                                                                |                                                                                     |                                                                      |                                                                                                                                                                                |  |
| <b>SIGNATURE:</b> <i>William E. Rose</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                                     | 2/6/08 561-848-7333                                                  |                                                                                                                                                                                |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                |                                                                                     | <small>Date Daytime Phone #</small>                                  |                                                                                                                                                                                |  |