# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2009**
**Secretary of State**

DOCUMENT# 724795

**Entity Name:** LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION INC

**Current Principal Place of Business:**

301 LAKE SHORE DR.
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

301 LAKE SHORE DR.
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number: 59-1441298** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEACREST MANAGEMENT INC
2400 CENTRE PARK WEST DR 175
WEST PALM BEACH, FL 33409 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: P ( ) Delete
Name: PERSAUD, JAI
Address: 301 LAKE SHORE DR. #807
City-St-Zip: LAKE PARK, FL 33403

Title: VP ( ) Delete
Name: CAPUTO, MICHAEL
Address: 301 LAKESHORE DRIVE # 210
City-St-Zip: LAKE PARK, FL 33403

Title: T ( ) Delete
Name: ROSE, WILLIAM
Address: 301 LAKE SHORE DR. #703
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete
Name: NAWROCKI, STEPHEN
Address: 301 LAKE SHORE DR #310
City-St-Zip: LAKE PARK, FL 33403

Title: S ( ) Delete
Name: STUFFT, MARK
Address: 301 LAKE SHORE DR #611
City-St-Zip: LAKE PARK, FL 33403

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

Title: S (X) Change ( ) Addition
Name: FRIIS, SANDY
Address: 301 LAKE SHORE DR #302
City-St-Zip: LAKE PARK, FL 33403

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: WILLIAM E. ROSE T 04/03/2009

Electronic Signature of Signing Officer or Director — Date