2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727860

FILED Jan 19, 2009 Secretary of State

Entity Name: THE LADY ALEXANDER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1505 SOMBRERO BOULEVARD MARATHON, FL 33050 **Current Mailing Address: New Mailing Address:** PO BOX 522592 5800 OVERSEAS HWY. SUITE 6 MARATHON SHORES, FL 33052 US MARATHON, FL 33050 US FEI Number: 59-1645469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KRUSZKA, LINDA KRUSZKA, LINDA 5800 OVERSEAS HWY 11400 OVÉRSEAS HIGHWAY SUITE 6 SUITE 206 MARATHON, FL 33050 US MARATHON, FL 33050 US 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: 01/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DENNING, DALE Name: Name: Address: 1509 SOMBRERO BLVD #306 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HAGUE, AL Name: Address: 1505 SOMBRERO BLVD #103 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: Title: () Delete Title: () Change () Addition RONDEAU, BETTY Name: Name: 2190 WESTERN OAK DR Address: Address: City-St-Zip: REDDING, CA 96001 City-St-Zip: Title: TD () Delete Title: () Change () Addition TEMPEST, MARILYN Name: Name: Address: 900 CORTE DEL SOL Address: City-St-Zip: MARATHON, FL 33050 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: LINDA KRUSZKA **AGEN** 01/19/2009