

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738893

FILED
Jan 22, 2009
Secretary of State

Entity Name: LAKERIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9000 SW 152ND STREET
102
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9000 SW 152ND STREET
102
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-1796623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRISCHER, STEVEN
7600 RED RD
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

FRISCHER, STEVEN
7600 RED RD
SOUTH MIAMI, FL 33143 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: STEVEN FRISCHER

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BRANNING, CHARLES
Address: 6983 SW 53 LANE
City-St-Zip: MIAMI, FL 33155

Title: SCD () Delete
Name: SINGER, LINDA
Address: 5249 SW 71 PLACE
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: AMAYA, MICHAEL
Address: 7043 SW 53 LAKE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: BELL, BARBARA
Address: 7100 SW 48 LANE
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: MAYNARD, CARL
Address: 7096 SW 48 LN
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: BECHDEL, MARY
Address: 5292 SW 69 PL
City-St-Zip: MIAMI, FL 33155

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: GREENE, CYNTHIA
Address: 5120 SW 69 PL
City-St-Zip: MIAMI, FL 33155

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: CARL MAYNARD

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date