

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738943

FILED
Jan 31, 2009
Secretary of State

Entity Name: LAKEWOOD EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

775 NW 49TH AVE.
COCOA BEACH, FL 33063 US

New Principal Place of Business:

775 NW 49TH AVE.
COCONUT CREEK, FL 33063 US

Current Mailing Address:

775 NW 49TH AVE.
COCOA BEACH, FL 33063 US

New Mailing Address:

775 NW 49TH AVE.
COCONUT CREEK, FL 33063 US

FEI Number: 59-1962319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULA, TIMOTHY
775 NW 49 AVENUE
COCONUT CREEK, FL 33063 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: D (X) Delete
Name: CHISARI, REYMOND
Address: 4951 N W 7TH STREET
City-St-Zip: COCONUT CREEK, FL 33063

Title: T () Delete
Name: GULA, JEAN
Address: 775 NW 49 AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: S () Delete
Name: DENOVA, LYNN
Address: 861 N W 49TH WAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: P () Delete
Name: GULA, TIMOTHY
Address: 775 N W 49TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: V () Delete
Name: HULL, MARK
Address: 941 NW 49 WAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: DELIZ, XENIA
Address: 821 NW 49 WAY
City-St-Zip: COCONUT CREEK, FL 33063

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: () 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: TIMOTHY GULA

P

01/31/2009

Electronic Signature of Signing Officer or Director

Date