2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90010 007 ****61.25

DOCUMENT # 745399

1. Entity Name

LAPPEENRANTA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O FLORIDA MGMT. PRO 1650 N MILITARY TR., #102 WEST PALM BEACH FL 33409	C/O FLORIDA MGMT. PRO 1650 N MILITARY TR., #102 WEST PALM BEACH FL 33409

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 204
City & State	City & State L.W. Fl.
Zip / Country	Zip / Country 33463

4. FEI Number 59-1902997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE #701 WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUNIAL, BRUNO 1751 3RD AVENUE NORTH #101 LAKE WORTH FL 33461	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Andres Rynkiewicz P.O.Box 44 L.W. Fl. 33460	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BIGELOW, RON 1753 3RD AVE N #105 LAKE WORTH FL 33460	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LINDA ADAMS 1753 3RD ct. #205 L.W. Fl. 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HORTON, EUGENE 1753 3RD AVE N #204 LAKE WORTH FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARMELLO MANZO 43 McBay Rd. Brantford, ON N3T5L4	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARD STEPHEN 721 N. Palmway L.W. Fl. 33460	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Linda Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #