

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746127

FILED
Feb 26, 2009
Secretary of State

Entity Name: LAUSANNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3215 GULFSHORE BLVD NORTH
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3215 GULFSHORE BLVD NORTH
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2007107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, MICHAEL
3215 GULFSHORE BLVD N
NAPLES, FL 34103 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: T () Delete
Name: SUTHERLAND, ROBERT
Address: 3215 GULFSHORE BLVD. NORTH 303 N
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: MAHON, JEFF
Address: 3115 GULFSHORE BLVD N 312 S
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: HILLEBRANDS, CHERRIE
Address: 3115 GULFSHORE BLVD N 606 S
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: ATKINSON, JIM
Address: 3115 GULFSHORE BLVD N 801
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SMITH, STEVEN T
Address: 3215 GULFSHORE BLVD. N., 305N
City-St-Zip: NAPLES, FL 34103

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: P (X) Change () Addition
Name: SMITH, STEVEN T
Address: 3215 GULFSHORE BLVD. N., 305N
City-St-Zip: NAPLES, FL 34103

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: MICHAEL MALONEY

MANA

02/26/2009

Electronic Signature of Signing Officer or Director

Date