

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 748090

1. Entity Name
**NEW ORLEANS LAKESITES HOME OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**13418 NW 10TH ST
SUNRISE, FL 33325 US**

Mailing Address
**P O BOX 550134
SUNRISE, FL 33355-0134 US**



03242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2134198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOBS, FELIX
13418 NW 10TH STREET
SUNRISE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
JACOBS, FELIX
13418 NW 10TH ST
SUNRISE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
ASSIDON, GAIL
13324 NW 10TH ST.
SUNRISE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
JACOBS, JEANETTE
13418 NW 10TH ST
SUNRISE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000873699
04/10/08-80089-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-08