2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 748090

Entity Name: NEW ORLEANS LAKESITES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13418 NW 10TH ST
SUNRISE, FL 33325 US

New Principal Place of Business:

13324 NW 10TH ST
SUNRISE, FL 33323 US

Current Mailing Address:

P O BOX 550134
SUNRISE, FL 333550134 US

New Mailing Address:

FEI Number: 59-2134198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ASSIDON, VIVI
13324 NW 10TH STREET
SUNRISE, FL 33323 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: VIVI ASSIDON 03/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JACOBS, FELIX
Address: 13418 NW 10TH ST
City-St-Zip: SUNRISE, FL

Title: DS ( ) Delete
Name: ASSIDON, GAIL
Address: 13324 NW 10TH ST.
City-St-Zip: SUNRISE, FL

Title: DT ( ) Delete
Name: JACOBS, JEANETTE
Address: 13418 NW 10TH ST
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ASSIDON, VIVI
Address: 13324 NW 10TH ST
City-St-Zip: SUNRISE, FL 33323

Title: DS (X) Change ( ) Addition
Name: ASSIDON, GAIL
Address: 13324 NW 10TH ST.
City-St-Zip: SUNRISE, FL 33323

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: VIVI ASSIDON DP 03/10/2009
Electronic Signature of Signing Officer or Director Date