

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 2012
Secretary of State

DOCUMENT# 748090

Entity Name: NEW ORLEANS LAKESITES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**13324 NW 10TH ST
SUNRISE, FL 33323 US**New Principal Place of Business:**13402 NW 10TH STREET
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:**ASSIDON, VIVI
13324 NW 10TH STREET
SUNRISE, FL 33323 US**Name and Address of New Registered Agent:**BONDY, MARK A
13402 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: MARK A BONDY

09/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: BONDY, MARK A
Address: 13402 NW 10TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: DS
Name: SUAREZ, OLGA
Address: 915 NW 133RD AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: DT
Name: OITICICA-LAMPERT, RENATA
Address: 13316 NW 10TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: DV
Name: SPELLMAN, JAY
Address: 13429 NW 8TH COURT
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MARK A BONDY

DP

09/04/2012

Electronic Signature of Signing Officer or Director

Date