2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 753416

Entity Name: THE LORI-LYNN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

725 HUMMINGBIRD WAY
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

725 HUMMINGBIRD WAY
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2206633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUHARCIK, JOSEPH ESQ
1211 THE PLAZA
WEST PALM BEACH, FL 33404 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:	BM	( ) Delete
Name:	ROESCH, GREGG S	
Address:	7010 BARBOUR RD	
City-St-Zip:	WEST PALM BEACH, FL 33403	
Title:	BM	( ) Delete
Name:	ROWE, ELIZABETH	
Address:	725 HUMMINGBIRD WAY 111	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	BM	( ) Delete
Name:	LEAMING, MARK	
Address:	725 HUMMINGBIRD WAY	
City-St-Zip:	N. PALM BEACH, FL	
Title:	BM	( ) Delete
Name:	MARCHETTI, ROSE	
Address:	725 HUMMINGBIRD WAY	
City-St-Zip:	N. PALM BEACH, FL	

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:	

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: ELIZABETH ROWE SECT 04/28/2008

Electronic Signature of Signing Officer or Director — Date