


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90068 007 \*\*\*\*61.25

<b>DOCUMENT # 754204</b> 1. Entity Name <b>LAKE FOREST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY SR STE 310 CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY SR STE 310 CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2062913</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOUTHEAST CONDOMINIUM MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent  Name: <b>Tucker &amp; Tighe, P.A.</b> Street: <b>800 E. Broward Blvd, Suite 710</b> City: <b>Fort Lauderdale, FL 33301</b> Code: _____		
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: <u><i>Thomas J. Tighe</i></u> <i>Pers</i> <u>2/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MASCIOVECCHIO, VINCENT 2850 FOREST HLS BLV 112 CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MITCHELL, LOUISE 2850 FOREST HILLS BLVD #111 CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATHIS, FRANCES 2850 FOREST HILLS BLVD #206 CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLICKSBERG, CHARLES 2850 FOREST HILLS BLVD., #216 CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DI GIOVANNI, MARIE 2850 FOREST HILL BLVD #316 CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUPPA, DEBRA 2850 FOREST HILLS BLVD #107 CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VASQUEZ, D 2850 FOREST HILLS BLVD #301 CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Vincent Masciovecchio</i></u> <u>2-22-07</u> <u>954-753-5147</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					