

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90067 022 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # 754204</b><br>1. Entity Name<br><b>LAKE FOREST CONDOMINIUM ASSOCIATION, INC.</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>SOUTHEAST CONDO MGMT.<br/>2855 N. UNIVERSITY SR STE 310<br/>CORAL SPRINGS, FL 33065 US</b>   |   |  |   | Mailing Address<br><b>SOUTHEAST CONDO MGMT.<br/>2855 N. UNIVERSITY SR STE 310<br/>CORAL SPRINGS, FL 33065 US</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9365 W. SAMPLE ROAD</b>   |   | 3. Mailing Address<br><b>P.O. BOX 8506</b>   |   |  |  |
| Suite, Apt. #, etc.<br><b>SUITE #203</b>   |   | Suite, Apt. #, etc.<br>  |   |  |  |
| City & State<br><b>CORAL SPRINGS, FL</b>   |   | City & State<br><b>CORAL SPRINGS, FL</b>   |   |  |  |
| Zip<br><b>33065</b>  | Country<br><b>US</b>                          | Zip<br><b>33075</b>  | Country<br><b>US</b>  | 4. FEI Number<br><b>59-2062913</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>TUCKER&amp;TIGHE, P.A.<br/>800 E. BROWARD BLVD<br/>SUITE 710<br/>FORT LAUDERDALE, FL 33301</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>CONDO MANAGEMENT ALTERNATIVE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9365 W. SAMPLE ROAD</b><br><b>SUITE #203</b><br>City <b>CORAL SPRINGS FL</b> Zip Code <b>33065</b> |  |
| 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>Ronald Saathoff</i></u> <b>RONALD SAATHOFF</b> <u>2/20/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |  |  |
| TITLE<br><b>DT</b>   | NAME<br><b>MASCIOVECCHIO, VINCENT</b>         |  | TITLE<br><b>PO</b>  | NAME<br><b>GALINDO, ERIKA</b>  |  |
| STREET ADDRESS<br><b>2850 FOREST HLS BLV 112</b>   | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33065</b> |  | STREET ADDRESS<br><b>PO BOX 8506</b>  | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33075</b>  |  |
| TITLE<br><b>VP</b>   | NAME<br><b>MITCHELL, LOUISE</b>               |  | TITLE<br><b>TD</b>  | NAME<br><b>SUPPA, DEBRA</b>  |  |
| STREET ADDRESS<br><b>2850 FOREST HILLS BLVD #111</b>   | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33065</b> |  | STREET ADDRESS<br><b>PO BOX 8506</b>  | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33075</b>  |  |
| TITLE<br><b>D</b>  | NAME<br><b>SUPPA, DEBRA</b>                   |  | TITLE<br><b>SD</b>  | NAME<br><b>MASCIOVECCHIO, VINCENT</b>  |  |
| STREET ADDRESS<br><b>2850 FOREST HILLS BLVD #10T</b>   | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33065</b> |  | STREET ADDRESS<br><b>PO BOX 8506</b>  | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33075</b>  |  |
| TITLE<br><b>D</b>  | NAME<br><b>GLICKSBERG, CHARLES</b>            |  | TITLE<br>   | NAME<br>   |  |
| STREET ADDRESS<br><b>2850 FOREST HILLS BLVD., #216</b>   | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33065</b> |  | STREET ADDRESS<br>  | CITY-ST-ZIP<br>  |  |
| TITLE<br><b>D</b>  | NAME<br><b>VASQUEI, D</b>                     |  | TITLE<br>   | NAME<br>   |  |
| STREET ADDRESS<br><b>2850 FOREST HILLS BLVD #301</b>   | CITY-ST-ZIP<br><b>CORAL SPRINGS, FL 33065</b> |  | STREET ADDRESS<br>  | CITY-ST-ZIP<br>  |  |
| TITLE<br>  | NAME<br>                                      |  | TITLE<br>   | NAME<br>   |  |
| STREET ADDRESS<br>   | CITY-ST-ZIP<br>                               |  | STREET ADDRESS<br>  | CITY-ST-ZIP<br>  |  |
| 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>Erika M. Galindo</i></u> <b>Erika M. Galindo</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <u>2/28/2008</u> <b>954-752-4796</b><br><small>Date Daytime Phone #</small> |  |  |