

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754204

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** LAKE FOREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9365 W. SAMPLE RD  
STE. 203  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

PO BOX 8506  
CORAL SPRINGS, FL 33075 US

**New Principal Place of Business:**

9365 W SAMPLE RD  
#203  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 59-2062913      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDO MANAGEMENT ALTERNATIVE  
9365 W. SAMPLE ROAD  
SUITE 203  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

CONDO MANAGEMENT ALTERNATIVE  
9365 W SAMPLE RD  
#203  
CORAL SPRINGS, FL 33065 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:

03/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALINDO, ERIKA  
Address: PO BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: TD ( ) Delete  
Name: SUPPA, DEBRA  
Address: PO BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD ( ) Delete  
Name: MASCIOVECCHIO, VINCENT  
Address: PO BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: MITCHELL, LOUISE  
Address: PO BOX 8506  
City-St-Zip: CORAL SPRINGS, FL 33075

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: ERIKA GALINDO

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date