## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 754798** 

FILED Mar 06, 2009 Secretary of State

Entity Name: TOWNHOMES OF AUDUBON SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

**New Principal Place of Business:** 

LAKEVIEW MANAGEMENT, INC 13388 SW 128 STREET MIAMI, FL 33186

**Current Mailing Address:** 

New Mailing Address:

LAKEVIEW MANAGEMENT, INC
13388 SW 128 STREET
MIAMI, FL 33186
US
LAKEVIEW MANAGEMENT, INC
13388 SW 128 STREET
MIAMI, FL 33186

FEI Number: 59-2457524 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Na

Name and Address of New Registered Agent:

BUNETTA, SUE

LAKEVIEW MANAGEMENT, INC.

13388 SW 128 STREET

MIAMI, FL 33186 US

REHR, MICHAEL E

9500 SOUTH DADELAND BOULEVARD

550

MIAMI, FL 33156 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.

in the State of Florida.

SIGNATURE: MICHAEL E REHR 03/06/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GONZALEZ, ALBERTO Name: ADAMS-BARTON, RYAN Address: 1410 WOODPECKER Address: 1311 WOODPECKER

City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: HOMESTEAD, FL 33035

Title: VPD () Delete Title: VPD (X) Change () Addition

Name:ADAMS-BARTON, RYANName:ACOSTA, YOHANDRAAddress:1311 WOODPECKERAddress:1640 SANDPIPER BOULEVARDCity-St-Zip:HOMESTEAD, FL 33035City-St-Zip:HOMESTEAD, FL 33035

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 ACOSTA, YOHANDRA
 Name:
 GONZALEZ, NOEMI

 Address:
 1640 SANPIPER
 Address:
 1410 WOODPECKER

 City-St-Zip:
 HOMESTEAD, FL 33035
 City-St-Zip:
 HOMESTEAD, FL 33035

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: RYAN ADAMS-BARTON PD 03/06/2009