2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 02, 2006 8:00 am **Secretary of State DOCUMENT #758669** 02-02-2006 90038 018 ****61.25 VILLAGE ON THE LAKE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address SOUTHEAST CONDO MGMT. SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR STE 310 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 59-2103704 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUTHEAST CONOMINIUM MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 City Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subthe obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete me ☐ Change ☐ Addition SCHARF, DENISE NAME NAME STREET ADDRESS PO BOX 970741 STREET ADDRESS CITY-ST-ZIP COCONUT CK, FL 33097 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASTELLON, ANDRES NAME STREET ADDRESS 426 LAKESIDE DR #242 STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete TALE ☐ Addition ☐ Change NAME FLORES, GABRIEL NAME 402 LAKESIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition KANE, NELLY NAME 4837 NE 18 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FITZGERALD, LEONARD 412 LAKESIDE DR #217 STREET ADDRESS STREET ADDRESS City-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ΠΠF Change ☐ 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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HOFFMAN, JOHN

412 LAKESIDE DR. #121

POMPANO BEACH, FL 33063

FILED