




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90053 032 ****61.25

DOCUMENT # 761156			
1. Entity Name PARCEL 310 LAKE AND DRAINAGE ASSOCIATION, INC.			
Principal Place of Business 8080 NW 10TH COURT PLANTATION, FL 33322		Mailing Address 8080 NW 10TH COURT PLANTATION, FL 33322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2370121		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDSTAEDT, DAVE 8080 NW 10 CT PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name <u>Sandy Surface</u> Street Address (P.O. Box Number is Not Acceptable) <u>8080 NW 10 CT</u> City <u>Plantation</u> <u>FL</u> Zip Code <u>33322</u>	
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 		SIGNATURE <u>Sandy Surface</u> <u>PST</u> <u>4-6-04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINDSTARDT, DAVE <input type="checkbox"/> Delete 8080 NW 10 CT PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Surface Sandy 8080 NW 10 CT Plantation FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SURFACE, SANDY 8080 NW 10 CT PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dupont Lisa 8080 NW 10 CT Plantation FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SURFACE, SANDY 8080 NW 10 CT PLANTATION, FL	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: 		SIGNATURE <u>Sandy Surface</u> <u>4-6-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

54029168



04072004 Chg-NP CR2E037 (10/03)