

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766896

FILED
Apr 24, 2007
Secretary of State

Entity Name: LBS 5 ASSOCIATION, INC.

Current Principal Place of Business:

4549 N OCEAN DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

4549 N OCEAN DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, JEROME
4549 NORTH OCEAN DRIVE
#5
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, GLORIA
Address: 4549 N. OCEAN DR #1
City-St-Zip: LAUD. BY THE SEA, FL 33308

Title: D () Delete
Name: LOGUERCIO, CATHERINE
Address: 4549 N OCEAN DRIVE #4
City-St-Zip: LAUD BY THE SEA, FL 33308

Title: ST () Delete
Name: HALL, KAY
Address: 4549 N OCEAN DR #5
City-St-Zip: LAUD. BY THE SEA, FL 33308

Title: VP () Delete
Name: STAVROS, JAMES
Address: 4549 N. OCEAN DR #3
City-St-Zip: LAUD BY THE SEA, FL 33308

Title: D () Delete
Name: HALL, JEROME
Address: 4549 N. OCEAN DR., #5
City-St-Zip: LAUD BY THE SEA, FL 33308

Title: D () Delete
Name: ROBERTS, THOMAS
Address: 4549 N. OCEA DR., #2
City-St-Zip: LAUD BY THE SEA, FL 33308

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAY B HALL

ST

04/24/2007

Electronic Signature of Signing Officer or Director

Date