2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766896

FILED Apr 01, 2009 Secretary of State

Entity Name: LBS 5 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4549 N OCEAN DRIVE LAUDERDALE BY THE SEA, FL 33308 **Current Mailing Address: New Mailing Address:** 4549 N OCEAN DRIVE LAUDERDALE BY THE SEA, FL 33308 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, JOAN 4549 N. OĆEAN DRIVE #2 FORT LAUDERDALE, FL 33308 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JOHNSON, GLORIA JOHNSON, GLORIA Name: Name: 4549 N. OCEAN DR #1 Address: 4549 N. OCEAN DR #1 Address: City-St-Zip: LAUD. BY THE SEA, FL 33308 City-St-Zip: LAUD. BY THE SEA, FL 33308 Title: Title: () Delete () Change () Addition LOGUERCIO, CATHERINE Name: Name: Address: 4549 N OCEAN DRIVE #4 Address: City-St-Zip: LAUD BY THE SEA, FL 33308 City-St-Zip: () Delete Title: Title: () Change () Addition HALL, KAY Name: Name: 4549 N OCEAN DR #5 Address: Address: City-St-Zip: LAUD. BY THE SEA, FL 33308 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: STAVROS, JAMES Name: Address: 4549 N. OCEAN DR #3 Address: City-St-Zip: LAUD BY THE SEA, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, JEROME Name: Name: 4549 N. OCEAN DR., #5 Address: Address: City-St-Zip: LAUD BY THE SEA, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTS, JOAN Name: Name: Address: 4549 N. OCEAN DR. #2 Address: LAUDERDALE BY THE SEA, FL 33308 City-St-Zip: 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 04/01/2009