

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768704

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE ESTATES OF LAKE CLARKE SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 20253
WEST PALM BEACH, FL 33416 US

New Principal Place of Business:

7508 NEMEC DR N
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

P.O. BOX 20253
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 59-2375000 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANNE ROZO, MARY
7508 NEMEC DR N
WEST PALM BEACH, FL 33406 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: T () Delete
Name: ROZO, MARY ANNE
Address: 7508 NEMEE DR N
City-St-Zip: WEST PALM BCH, FL 33406

Title: D () Delete
Name: GARAMY, GEORGE
Address: 7643 NEMEC DRIVE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: GOITIA, ANGEL E
Address: 7769 NEMEC DR. S.
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: D () Delete
Name: LA ROVERE, GERALDINE
Address: 7509 NEMEC DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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: MARY ANNE ROZO

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date