

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770118

FILED
Feb 13, 2009
Secretary of State

Entity Name: LAKE BROWARD ASSOCIATION, INC.

Current Principal Place of Business:

US 17 & MAIN STREET
PO BOX 294
POMONA PARK, FL 32181 US

New Principal Place of Business:

US 17 & MAIN STREET
POMONA PARK, FL 32181 US

Current Mailing Address:

U. S. 17 & MAIN STREET
PO BOX 294
POMONA PARK, FL 32181 US

New Mailing Address:

P. O. BOX 294
POMONA PARK, FL 32181 US

FEI Number: 59-2468676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARY L
200 PERRY ST
P. O. BOX 630
POMONA PARK, FL 32181 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: CMD () Delete
Name: ROWE, PHILLIP
Address: P.O. BOX 745
City-St-Zip: POMONA PARK, FL 32181

Title: CMD () Delete
Name: PINKHAM, JUNE
Address: P.O. BOX 807
City-St-Zip: POMONA PARK, FL 32181

Title: CMD () Delete
Name: KALAPP, ROSE MARY
Address: P.O. BOX 148
City-St-Zip: POMONA PARK, FL 32181

Title: CMD () Delete
Name: ANDES, JOHN
Address: 252 LAKE ST
City-St-Zip: POMONA PARK, FL 32181

Title: T () Delete
Name: DECHAINE, PRISCILLA
Address: P O BOX 568
City-St-Zip: WELAKA, FL 32193

Title: S () Delete
Name: GARCIA, MARY L
Address: PO BOX 630
City-St-Zip: POMONA PARK, FL 32181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PINKHAM, JUNE
Address: P.O. BOX 807
City-St-Zip: POMONA PARK, FL 32181

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: CMD (X) Change () Addition
Name: GARCIA, MARY L
Address: PO BOX 630
City-St-Zip: POMONA PARK, FL 32181

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: PRISCILLA DECHAINE

TREA

02/13/2009

Electronic Signature of Signing Officer or Director

Date