

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770118

FILED
Mar 14, 2011
Secretary of State

Entity Name: LAKE BROWARD ASSOCIATION, INC.

Current Principal Place of Business:

US 17 & MAIN STREET
POMONA PARK, FL 32181 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: ROWE, PHILLIP
Address: P.O. BOX 745
City-St-Zip: POMONA PARK, FL 32181

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

Title: CMD
Name: BERGQUIST, PATRICIA
Address: P. O. BOX 516
City-St-Zip: POMONA PARK, FL 32181

Title: CMD
Name: GRIFFIN, SHIRLEY
Address: 1738 HWY. 17, P. O. BOX 633
City-St-Zip: POMONA PARK, FL 32181

Title: T
Name: DECHAIINE, PRISCILLA
Address: P O BOX 568
City-St-Zip: WELAKA, FL 32193

Title: CMD
Name: KALAPP, ROSE MARY
Address: PO BOX 148
City-St-Zip: POMONA PARK, FL 32181

I hereby 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 all other like empowered.

SIGNATURE: PRISCILLA DECHAIINE

TREA

03/14/2011

Electronic Signature of Signing Officer or Director

Date