2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770118

FILED Mar 28, 2012 Secretary of State

Entity Name: LAKE BROWARD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

US 17 & MAIN STREET

POMONA PARK, FL 32181 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

GARCIA, MARY L GARCIA, MARY L 200 PERRY ST 200 PERRY ST

P. O. BOX 630 POMONA PARK, FL 32181 US

POMONA PARK, FL 32181 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: 03/28/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CMD

Name: ROWE, PHILLIP Address: P.O. BOX 745

City-St-Zip: POMONA PARK, FL 32181

Title: S

Name: BERGQUIST, PATRICIA Address: P.O. BOX 516

City-St-Zip: POMONA PARK, FL 32181

Title: CMD

Name: GARRETT, JACK Address: P. O. BOX 730

City-St-Zip: POMONA PARK, FL 32181

Title: CMD

Name: COLVER, DEAN

Address: 4081 OLD MILL COVE TERR. WEST

City-St-Zip: JACKSONVILLE, FL 32277

Title:

Name: DECHAINE, PRISCILLA
Address: P O BOX 568
City St 7in: WELAKA EL 32103

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 DECHAINE TREA 03/28/2012