

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770458

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION UNIT SEVEN, INC.

**Current Principal Place of Business:**

19764 NW - 54TH. AVENUE  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
332  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

19764 NW - 54TH. AVENUE  
OPA LOCKA, FL 33055

**New Mailing Address:**

6625 MIAMI LAKES DRIVE  
332  
MIAMI LAKES, FL 33014

FEI Number: 65-0026546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, AMANDA  
19764 NW - 54TH. AVENUE  
OPA LOCKA, FL 33055 US

**Name and Address of New Registered Agent:**

GLOBAL MANAGEMENT SERVICES, CORP.  
6625 MIAMI LAKES DRIVE  
332  
MIAMI LAKES, FL 33014 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: CARLOS J. MEJIA

02/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVA, AMANDA  
Address: 19764 N.W. 54TH. AVENUE  
City-St-Zip: OPA LOCKA, FL 33055

Title: STD ( ) Delete  
Name: ACEVEDO, MARIA  
Address: 19825 N.W. 53RD. PLACE  
City-St-Zip: OPA LOCKA, FL 33055

Title: VPD ( ) Delete  
Name: ZELEDON, CARLA  
Address: 5263 NW 198TH. TERR.  
City-St-Zip: OPA LOCKA, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Change ( ) Addition  
Name: RIVERA, ROSA  
Address: 5261 NW 195TH. TERR.  
City-St-Zip: OPA LOCKA, FL 33055

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: AMANDA SILVA

PRES

02/14/2008

Electronic Signature of Signing Officer or Director

Date