


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000004129	
1. Entity Name LAKE AIRE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1821 N. W. 26TH TERR FT. LAUDERDALE, FL 33311	Mailing Address 1821 N. W. 26TH TERR FT. LAUDERDALE, FL 33311
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**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BIRCH, MARGARET H 1821 N. W. 26TH TERR FT. LAUDERDALE, FL 33311
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1000000973567

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

04/15/08-80034-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRCH, MARGARET H 1821 N. W. 26TH TERR FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMALL, JEREMIAH 1820 NW 28TH AVE. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATRICK, LINDA 1844 NW 26 TERR. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOWERS, BRENDA 1801 NW 27 TERR. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, BERTHA 2480 NW 17TH STREET FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, MATTIE J 2490 N. W. 17 ST. FT. LAUDERDALE, FL 33311

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda Patrick* Linda Patrick 3/31/08 (954)