

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004632

FILED
Apr 22, 2008
Secretary of State

Entity Name: THE LYMAN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2200 NORTH FEDERAL HIGHWAY
212
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2200 NORTH FEDERAL HIGHWAY
212
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-1026772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 NORTH FEDERAL HIGHWAY
212
BOCA RATON, FL 33431 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: PD () Delete
Name: SIARTO, CARL
Address: 542 W BLOXHAM ST
City-St-Zip: LANTANA, FL 33462 US

Title: SD () Delete
Name: REY, JENNIFER
Address: 540 S BROADWAY
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: THROCKMORTON, JAMES
Address: 401 W. BRANCH STREET
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: PRELAK, ROBYN
Address: 530 W. BLOXHAM STREET
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CARL SIARTO

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date