

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N00933

Entity Name: L.B.V. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5885 DAHLIA DRIVE
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

ANDERSON 3242 WESTCHESTER SQ BLVD
SUITE 101
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 59-2530315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J.M.ANDERSON MANAGEMENT, L.L.C.
3242 WESTCHESTER SQ BLVD
SUITE 101
ORLANDO, FL 32835 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: GOINS, RUSTY
Address: 5885 DAHLIA DR UNIT 110
City-St-Zip: ORLANDO, FL 32807

Title: VPD () Delete
Name: ARIAIL, SCOTT
Address: 315 E. VANDERBILT
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: FRANKLIN, JENNIFER
Address: 3523 BACKSPIN LANE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: RODRIGUEZ, EDUARDO
Address: 608 WHITE RIVER DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RODRIGUEZ, EDUARDO
Address: 608 WHITE RIVER DRIVE
City-St-Zip: ORLANDO, FL 32828

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

Title: TD (X) Change () Addition
Name: FRANKLIN, JENNIFER
Address: 3523 BACKSPIN LANE
City-St-Zip: ORLANDO, FL 32804

Title: SD (X) Change () Addition
Name: KIRTON, BRIDGER
Address: 608 WHITE RIVER DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Change (X) Addition
Name: RIVERA, RAUL
Address: 5885 DAHLIA DRIVE #101
City-St-Zip: ORLANDO, FL 32807

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: J. MICHAEL ANDERSON

MA

04/29/2009

Electronic Signature of Signing Officer or Director

Date