~ 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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DOCUMENT # N0100007210 1. Entity Name LAKE CONDOMINIUM UNITED ASSOCIATION, INC.					05-02-200	08 90179 037 *	***61.25
Principal Place of Business 2735 W 52ND STREET HIALEAH, FL 33016		Mailing Address C/O AMERICAN MANAGEMENT 2011 W 62ND ST HIALEAH, FL 33016		400953			· — 188 B O H
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008 C	ng-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-114666	4. FEI Number Applied For 65-1146662 Noi Applicable		
Zip	Country	. Zip	Country	5. Certificate of Si	atus Desired	□ \$8.75 Ad Fee Require	ditional
	5. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New R	egistered Agent	
AMERICAN MANAGEMENT & REALTY, INC		Name					
	T 62ND ST			(P.O. Box Number is Not Acceptable)			
	- 14 Aug		City			FL Zip Cox	
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 nerve of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent a	end title if applicable. (NOTE: I	Registered Agent signature requi	ired when reinstating)		DATE	
	Filing Foo is \$61.25	9. Election Camp	palgn Financing	\$5.00 May Be		DATE ake check payable I da Department of S	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	saign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable i da Department of S	itate
10.	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DIR	Election Camp Trust Fund Co ECTORS	palgn Financing Intribution.	\$5.00 May Be Added to Fees	Flori	ake check payable I da Department of S IS AND DIRECTORS II	tate V 10
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 attagement with an address, with all other like empowered.

SIGNATURE:

COSOR FICURO SHORAPED PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-2-08

.305-558-9826 Dayona Phona B

Case