2009 NOT-FOR-PROFIT CORPORATION ~~AMENDED~~ ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 21 AM 8:56

DOCUMENT # N02000001325

1. Entity Name
THOROUGHBRED LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

10142008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3628609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL J. GELFANDT, ESQ. C/O GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401-2329	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLOSTERMEYER, SHERRI 10141 CLUB HOUSE TURN RD LAKE WORTH, FL 33449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900139483119 01/05/09--01051--019 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDHAWS, SUSAN 5782 SADDLE TRAIL LANE LAKEWORTH, FL 33449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAUFMAN, JEANNA 10401 OLD CLYDESDALE CIR LAKE WORTH, FL 33467	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Director Susan Moore 10045 Jockey Road Lake Worth, FL 33449
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARSLAMIAM, JOHN 10331 OLD WINSTON CT. LAKE WORTH, FL 33467	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition T BRYAN KIRSHBAUM 10364 WHITE PINTO CT LAKE WORTH, FL 33449
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOUNTCASTLE, DAN 10378 OLD CLYDESDALE LAKE WORTH, FL 33449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sher L. Klostermeyer 01-19-09 561-715-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS