

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007706

FILED
Apr 15, 2009
Secretary of State

Entity Name: LAUDERDALE LAKES TRACK CLUB INC.

Current Principal Place of Business:

8181 NW 67TH AVE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8181 NW 67TH AVE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 52-2377608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, LISA
8181 NW 67TH AVE
TAMARAC, FL 33321 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: MACK, LISA D
Address: 8181 NW 67TH AVE
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: REAVES, VICKIE
Address: 8181 NW 67TH AVE
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: RUSSELL, MELODY
Address: 8181 NW 67TH AVE
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: GRAY, VONCEIL
Address: 8181 NW 67TH AVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: PERRIMAN, BRETT
Address: 8181 NW 67 AVE
City-St-Zip: TAMARAC, FL 33321

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:

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: LISA MACK

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date