

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008733

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** LAKE KENNEDY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT.  
615 CAPE CORAL PKWY., W., #103  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT.  
615 CAPE CORAL PKWY., W., #103  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 38-3706271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASE, SUSAN M  
C/O AMERICAN CONDOMINIM MANAGEMENT  
615 CAPE CORAL PARKWAY, W. #103  
CAPE CORAL, FL 33914 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  
Name: FINNEGAN, WILLIAM  
Address: 42 HOPSWELL DR  
City-St-Zip: SPARLAND, IL 61565

Title: ST  
Name: FINNEGAN, LINDA  
Address: 42 HOPSWELL DR  
City-St-Zip: SPARLAND, IL 61565

Title: VPD  
Name: BRUICK, DEAN  
Address: 402 SW 3RD ST #102A  
City-St-Zip: CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM FINNEGAN

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date