

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008938

FILED
Apr 15, 2008
Secretary of State

Entity Name: LAKE CATALINA ASSOCIATION, INC.

Current Principal Place of Business:

8485 SW 56 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8485 SW 56 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-0714633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITMAN, NEAL S
2900 SW 28 TERRACE
GROVE PLAZA ~ SECOND FLOOR
COCONUT GROVE, FL 33133 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: P () Delete
Name: CONGDON, JENA H
Address: 8485 SW 56 STREET
City-St-Zip: MIAMI, FL 33155

Title: 1VP () Delete
Name: MARTINEZ, RICHARD
Address: 5440 SW 82 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: 2VP () Delete
Name: QUADRENY, JORGE
Address: 8200 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: CS () Delete
Name: CONGDON, RICHARD
Address: 8485 SW 56 STREET
City-St-Zip: MIAMI, FL 33155

Title: RS () Delete
Name: ALMAGUER, DONNA
Address: 8330 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

Title: T (X) Delete
Name: INES, ALFONSO
Address: 8205 SW 56 STREET
City-St-Zip: MIAMI, FL 33155

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: T (X) Change () Addition
Name: INES, ALFONSO
Address: 8205 SW 56 STREET
City-St-Zip: MIAMI, FL 33155

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: JENA CONGDON

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date