

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03091

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** LE CLOS HOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

FLORIDA COMMUNITY MGRM  
1515 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA COMMUNITY MGRM  
PO BOX 9139  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 59-2436940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANDALL K. ROGER & ASSOCIATES, P.A.  
621 NW 53RD STREET  
SUITE 300  
BOCA RATON, FL 33487 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:** T  
**Name:** WILSON, LEONARD  
**Address:** 228 SAN REMO BLVD  
**City-St-Zip:** N LAUDERDALE, FL 33068

**Title:** P  
**Name:** KERR, JENE  
**Address:** 146 SAN REMO BLVD  
**City-St-Zip:** N LAUDERDALE, FL 33068

**Title:** VP  
**Name:** SIMMONS, CHRIS  
**Address:** 236 SAN RAMO BLVD  
**City-St-Zip:** N. LAUDERDALE, FL 33068

**Title:** S  
**Name:** MYERS, MICHELLE  
**Address:** 113 SAN REMO BLVD  
**City-St-Zip:** POMPANO BEACH, FL 33068

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:** TED BROWN, JR.

PROP

01/15/2010

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

\_\_\_\_\_  
Date