


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 041 ****70.00

DOCUMENT # N04000010989	
1. Entity Name LAKE MARION GOLF RESORT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708	Mailing Address POST OFFICE BOX 197043 WINTER SPRINGS, FL 32719
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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

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2257567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EPM SERVICES 465 WEST STATE ROAD 343 WINTER SPRINGS, FL 32708		Name Palmerston, LLC	
		Street Address (P.O. Box Number is Not Acceptable) 165 West SR 434	
		City Winter Springs	
		FL Zip Code 32708	

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 Rakesh Sharma, LCAM	DATE 04/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIDER, ITZHAK 329 PORT PLEASANT DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	451 Bavleaf Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, DOMINGO 1201 LAKE MARION GOLF RESORT DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 1201 Lake Marion Golf Resort Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OJEDA, REBECCA 1202 LAKE MARIO GOLF RESORT DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 1202 Lake Marion Golf Resort Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 powers.	
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SIGNATURE:	Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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