

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011944

FILED
Feb 13, 2009
Secretary of State

Entity Name: LAKEFRONT AT DEEP CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

26397 NADIR RD
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

6025 TAYLOR RD
2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-2881540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR RD #2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARTUZ, PAUL
Address: 26397 NADIR RD #202
City-St-Zip: PUNTA GORDA, FL 33983

Title: S () Delete
Name: GIORDANO, KATHLEEN
Address: 26397 NADIR RD # 104
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: MILLS, PHYLLIS
Address: 26397 NADIR RD #103
City-St-Zip: PUNTA GORDA, FL 33983

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:

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: PAUL ARTUZ

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date