

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04934

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** LAKE SUZIE HOME OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

7230 MIAMI LAKEWAY S  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

7230 MIAMI LAKEWAY S  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 59-2447304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WASSERMAN, DOLLY TREAS.  
7230 MIAMI LAKEWAY S  
MIAMI LAKES, FL 33014 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: DP ( ) Delete  
Name: ESPINOZA, LUIS  
Address: 7225 POINCIANA CT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: DT ( ) Delete  
Name: WASSERMAN, DOLLY  
Address: 723 MIAMI LAKEWAY S  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DOLLY WASSERMAN

TREA

01/03/2007

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

\_\_\_\_\_  
Date