

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000253

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** LAKE PLACID CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13910 LAKE PLACID COURT  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROPERTY MANAGEMENT SERVICES CORP.  
8299 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155    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: CANCIA, MARIA  
Address: 11101 SW 37TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: T ( ) Delete  
Name: ROCA, ALINA  
Address: 13900 LAKE PLACID CT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: V ( ) Delete  
Name: MORA, XIOMARA  
Address: 85353 MENTRETH TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

**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: XIOMARA MORA

V

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date