2007 NOT-FOR-PROFIT CORPORATION ANNUAL SEPORT (AR)

FILED DOCUMENT # N05000010849 Feb 08, 2007 08:00 AM **Secretary of State** THE HEMINGWAY AT LAKE RIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 721 N.E. 3RD AVENUE FT. LAUDERDALE FL 33404 721 N.E. 3RD AVENUE FT. LAUDERDALE FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Numbor 20-3769309 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SOLOMON & FURSHMAN, LLP Street Address (P.O. Box Number is Not Acceptable) 1666 KENNEDY CAUSEWAY SUITE 302 NORTH BAY VILLAGE FL 33141 City Zip Codo 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Defele THE NAMI DOERING, JOHN C NAME. U00000628808 02/16/07-80031-021 61.25 STREET ADDRESS STREET ADORESS 721 N.E. 3RD AVENUE CITY-ST-7IP CITY - ST - 71P FT. LAUDERDALE FL 33404 DVP ☐ Change Addition THE Delete 1110 NAME DOERING, III, RALPH H -NAMI STREET ADDRESS STREET ADDRESS 721 N.E. 3RD AVENUE CITY - ST - ZIP FT. LAUDERDALE FL 33404 CHY-ST-ZIP Delete □ Change Addition DST NAME NAME GLENN, SUSIE STREET ADDRESS STREET ADDRESS 721 N.E. 3RD AVENUE CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33404 Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7LP CITY-ST-ZIP HILE ☐ Delete ☐ Change ■ Addition TIME NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE Delete ☐ Change Addition NAME NAME

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental apport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trasted empowered to exempte 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 empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Sept (Kalpl & Vocing 18)

1/31/07 959-525-0260