2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012829

FILED Apr 13, 2009 Secretary of State

Entity Name: LAKE EOLA HEIGHTS CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

719 MT VERNON AVE 719 MT VERNON AVE

UNIT#4 UNIT#4

ORLANDO, FL 32801 ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

719 MT VERNON AVE 719 MT VERNON AVE

UNIT #4 UNIT #4 ORLANDO, FL 32801 UNIT #4 ORLANDO, FL 32803

FEI Number: 20-4285309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NAN DADU OFOD

NAN, RADU SECR
719 MT.VERNON STREET #5
ORLANDO, FL 32801 US

NAN, RADU SECR
719 MT.VERNON STREET #5
ORLANDO, FL 32803 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: RADU NAN 04/13/2009

Electronic Signature of Registered Agent Date

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

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 ENGLEHARDT, MALAKY
 Name:
 ENGLEHARDT, MALAKY

 Address:
 719 MT VERNON AVE #4
 Address:
 719 MT VERNON AVE #4

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32803

Title: TREA () Delete Title: TREA (X) Change () Addition
Name: BENGGIO, MAURIE Name: BENGGIO, MAURIE

Address: 740 MT VERNON AVE #7

Address: 719 MT VERNON AVE #7 Address: 719 MT VERNON AVE #7
City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32803

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: NAN, RADU Name: NAN, RADU

 Address:
 719 MT VERNON AVE #5
 Address:
 719 MT VERNON AVE #5

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32803

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: M. MALAKY ENGLEHARDT PRES 04/13/2009