## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000002829

1. Entity Name

LUDLUM VILLAS EAST CONDOMINIUM ASSOCIATION,



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

1324 W. 42 ST. HIALEAH, FL 33012 Mailing Address

1324 W. 42 ST. HIALEAH, FL 33012



DO NOT WRITE IN THIS SPACE

03312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-5077254

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305-308*-92*01

6. Name and Address of Current Registered Agent

CHIO, ESTEBAN R 1324 W 42 ST, HIALEAH, FL 33012

## DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with and accept the obligations of registered agent.						
4/17/00						
SIGNATURE X PROTECTION INTO A PROPERTY OF THE A SECURITIES. (INDIE: Properties Agent superior reduction of the Association).						
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			•	<ul> <li>000000937596</li> </ul>	
DITLE HAME STREET ALIGNESS CHY-ST-ZP	P CHIO, ESTEBAN R 1324 W 42 ST HIALEAH. FL 33012		. ;		05/27/08-80058-007 70.00	
TULE NAME SIPFEI ADDRESS CITY-ST-ZP	VPT DIAZ. ARIAGNA 1322 W. 42 ST. HIALEAH. FL 33012		ž.		•	
TITLE NAME STREET ALTRESS CATY-ST-ZIE	S BARCIA, YENILEY 1316 W 42 ST HILEAH, FL 33012			DO NOT WRITE		
TITLE NAME STREET ADDRESS CHY-ST-ZP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-7IP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ਰ	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						

ING OFFICER OR DIRECTOR