## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000004044

TI FILED
Sep 24, 2007
Secretary of State

Entity Name: LAKERIDGE GARDENS CONDOMINIUM ASSOCIATION, INC.

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

1117 NE 15 AVE 1115-17 NE 15 AVENUE

FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 00

Current Mailing Address: New Mailing Address:

PO BOX 24651 PO BOX 24651

FORT LAUDERDALE, FL 33307 FORT LAUDERDALE, FL 33307 US

FEI Number: 22-3927968 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:

SPANN, RONALD T SPANN, RONALD T 1117 NE 15 AVE 1117 NE 15 AVE

FORT LAUDERDALE, FL 33304 US 6
FORT LAUDERDALE, FL 33304 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: 09/24/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SPANN, RONALD T
 Name:

 Address:
 1117 NE 15 AVENUE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33304
 City-St-Zip:

Title: S () Delete Title: S/T (X) Change () Addition
Name: SPANN, LORRAINE M
Address: 4050 N OCFAN DRIVF # 401
Address: 4050 N OCFAN DRIVF # 401

Address: 4050 N. OCEAN DRIVE # 401
City-St-Zip: FORT LAUDERDALE, FL 33306
Address: 4050 N. OCEAN DRIVE # 401
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: KNIGHT, TERRY Name: KEVIN, KELLY

 Address:
 1115 NE 15TH AVE #1
 Address:
 1115 NE 15 AVE #4

 City-St-Zip:
 FORT LAUDERDALE, FL 33304
 City-St-Zip:
 FT LAUDERDALE, FL 33304 US

.., ..., ..., ..., ..., ..., ...

Title: T (X) Delete Title: ( ) Change ( ) Addition
Name: SHARP, JOHN Name:

 Address:
 1115 NE 15 AVE #5
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33304
 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: RONALD T SPANN PRES 09/24/2007