2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000008502

TI FILED

Mar 13, 2009

Secretary of State

Entity Name: LAVENTURA CONDOMINIUM ASSOCIATION, INC.

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

3718 MCKAY AVENUE 14813 TURNER ROAD TAMPA, FL 33609 TAMPA, FL 33624

Current Mailing Address: New Mailing Address:

P.O. BOX 360422 14813 TURNER ROAD TAMPA, FL 33673 TAMPA, FL 33624

FEI Number: 20-8015734 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:

TIRADO, DIANA
P.O BOX 360422
TAMPA, FL 33673
US
HELBIG, DENISE
14813 TURNER ROAD
TAMPA, FL 33624
US
TAMPA, FL 33624
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: DENISE HELBIG 03/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DIANA ROSALES
 Name:
 GOLDFARB, JESSICA

 Address:
 POST OFFICE BOX 10007
 Address:
 3718 WEST MCKAY #103

 City-St-Zip:
 TAMPA, FL 33679
 TAMPA, FL 33609

Title: Title: (X) Change () Addition () Delete GOLDFARB, JESSICA Name: Name: TIRADO, DIANA Address: **3718 W MCKAY** Address: 6206 N. 17TH STREET City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33610

Title: D () Change (X) Addition

 Name:
 Name:
 SPONSELLER, HELENA

 Address:
 Address:
 3718 WEST MCKAY #205

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33609

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

 Name:
 Name:
 SIGLER, SUZANNE

 Address:
 Address:
 1719 E 2ND STREET

 City-St-Zip:
 City-St-Zip:
 RUSKIN, FL 33570

 Name:
 Name:
 BROOKS, GARY

 Address:
 Address:
 3718 WEST MCKAY #101

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33609

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: JESSICA GOLDFARB PD 03/13/2009