

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008766

FILED  
Sep 15, 2009  
Secretary of State

**Entity Name:** LAKE CECILE RESORT HOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN RD.  
ORLANDO, FL 32819

**New Principal Place of Business:**

13899 BISCAYNE BLVD  
154  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

5401 S. KIRKMAN RD.  
ORLANDO, FL 32819

**New Mailing Address:**

13899 BISCAYNE BLVD  
154  
NORTH MIAMI BEACH, FL 33181

**FEI Number:** 20-0558436      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COMMUNITY MANAGEMENT PROFESSIONAL INC.  
5401 S. KIRKMAN RD.  
ORLANDO, FL 32819      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SOUZA, SERGIO  
Address: 17970 NE 31ST CT., APT. 4115  
City-St-Zip: AVENTURA, FL 33160

Title: VD      ( ) Delete  
Name: LACERDA, HORACIO  
Address: 11870 LAKE FERN DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD      ( ) Delete  
Name: PAIVA, LEANDRO  
Address: 17980 NE 31ST CT., APT. 1110  
City-St-Zip: AVENTURA, FL 33160

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: HORACIO LACERDA

VD

09/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date