2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N07000005761

Entity Name: LWPP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

525 NW LAKE WHITNEY PLACE
SUITE 201
PORT ST LUCIE, FL 34986

New Principal Place of Business:

525 NW LAKE WHITNEY PLACE
SUITE 201
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

10100 WEST SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065

New Mailing Address:

525 NW LAKE WHITNEY PLACE
SUITE 201
PORT ST LUCIE, FL 34986 US

FEI Number: 26-1369224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUMBER, AFTAB
10100 WEST SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CUMBER, AFTAB
525 NW LAKE WHITNEY PLACE
SUITE 201
PORT ST LUCIE, FL 34986 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: _____ 03/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEDALIE, RON
Address: 525 NW LAKE WHITNEY PLACE #201
City-St-Zip: PORT ST LUCIE, FL 33986

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEDALIE, RON
Address: 525 NW LAKE WHITNEY PLACE SUIT 201
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGR ( ) Change (X) Addition
Name: WILLARD, DANNY L
Address: 525 NW LAKE WHITNEY PLACE SUIT 201
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: DANNY L WILLARD MGR 03/30/2009
Electronic Signature of Signing Officer or Director — Date