2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007817

FILED Apr 29, 2009 Secretary of State

Entity Name: LAUDERDALE LAKES SOCCER ASSOCIATION, INC

Current F	rincipal Place	e of Business:	New Principal Plac	e of Business:
4331 NW	_AUDERDALE 36TH STREET DALE LAKES,	Γ		
Current Mailing Address:			New Mailing Address:	
	DRILL CT . LUCIE, FL 34	4986		
FEI Numbe	r: 26-319989 5	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
6453 SW	OS, MICHELLE 19TH STREET O BEACH, FL	=		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
OFFICER	Electro			Date GES TO OFFICERS AND DIRECTOR
Title: Name: Address:	S AND DIREC	CTORS:) Delete LL LCT		
Title: Name: Address: City-St-Zip: Title: Name: Address:	P (THOMAS, EAR 5831 NW DRIL PORT ST. LUC VP (TAYLOR, LER 7119 CRESCE	Delete LL CT Delete DE, FL 34986	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	P (THOMAS, EAR 5831 NW DRIL PORT ST. LUC VP (TAYLOR, LER 7119 CRESCE COCONUT CR SEC (EDWARDS, M 6453 SW 19TH	CTORS:) Delete LL CT CIE, FL 34986) Delete OY ENT CREEK WAY EEK, FL 33073) Delete ICHELLE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	P (THOMAS, EAR 5831 NW DRIL PORT ST. LUC VP (TAYLOR, LER 7119 CRESCE COCONUT CR SEC (EDWARDS, M 6453 SW 19TH POMPANO BE TREA (WILLIAMS, M/ 3891 NW 40TH	Delete	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

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: EARL THOMAS P 04/29/2009