

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08309

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAKE EDGE ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4226 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

New Principal Place of Business:

C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914 US

Current Mailing Address:

C/O PROFESSIONALLY YOURS INC
P O BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914 US

FEI Number: 59-1964448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEAGUE, GEORGE
2503 DEL PRADO BLVD #500
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914 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: SUSAN KASE

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHULKINS, JOHN
Address: 3301 BRANDI CT.
City-St-Zip: HURST, TX 76054

Title: V () Delete
Name: JODOIN, GEORGE
Address: 45 VENUS AVE
City-St-Zip: BURLINGTON, VT 05401

Title: VP () Delete
Name: HAUSMAN, SUZANNA
Address: 707 SW 3RD CT #102B
City-St-Zip: CAPE CORAL, FL 33991

Title: S () Delete
Name: DIMAIO, BARBARA
Address: 621 SW 3RD CT #104A
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: THOMPSON, SUZANNA
Address: 707 SW 3RD CT #102B
City-St-Zip: CAPE CORAL, FL 33991

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: SUZANNA THOMPSON

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04/30/2008

Electronic Signature of Signing Officer or Director

Date