

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2009  
Secretary of State**

DOCUMENT# N08824

**Entity Name:** LAKE FOREST CONDOMINIUM ASSOCIATION OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

6350 93RD TERRACE  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**New Mailing Address:**

**FEI Number:** 59-2548896      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RESOURCE MANAGEMENT, INC.  
7300 PARK STREET  
SEMINOLE, FL 33777 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: TD ( ) Delete  
Name: BLACK, RENEE  
Address: 6212 92ND PLACE #3301  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: PD ( ) Delete  
Name: AMES, RICHARD  
Address: 6363 93 TERRACE N #4507  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VPD ( ) Delete  
Name: CORAM, CAROLYN  
Address: 6334 92ND PLACE N, #2403  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: SD ( ) Delete  
Name: BITNER, TRISTIN  
Address: 6350 92 PLACE N. #2202  
City-St-Zip: PINELLAS PARK, FL 33782 US

**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:

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: RICHARD AMES

P

04/08/2009

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

\_\_\_\_\_  
Date