

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11346

FILED
Apr 17, 2009
Secretary of State

Entity Name: LA MIRAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4373 ROCK ISLAND RD.
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

4373 ROCK ISLAND RD.
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 59-2601559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MANAGEMENT & REAL ESTATE
4373 ROCK ISLAND RD.
LAUDERHILL, FL 33319 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: GOODMAN, MARK
Address: 3042 LA MIRAGE DRIVE
City-St-Zip: LAUDERHILL, FL

Title: SD () Delete
Name: CADET, DENISE
Address: 3349 INVERRARY BLVD. WEST
City-St-Zip: LAUDERHILL, FL

Title: VD () Delete
Name: HODGE, MILLICENT
Address: 3166 LA MIRAGE DRIVE
City-St-Zip: LAUDERHILL, FL

Title: PD () Delete
Name: LEVY, BERNIE
Address: 3285 INVERRARY BLVD. WEST
City-St-Zip: LAUDERHILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GOODMAN, MARK
Address: 3039 LA MIRAGE DRIVE
City-St-Zip: LAUDERHILL, FL

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: BERNIE LEVY

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date