2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# N13406

Entity Name: LAKEWOOD ESTATES PATIO HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14275 SW 142 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

7154-B SOUTH WEST 47TH STREET
MIAMI, FL 33155 US

New Mailing Address:

7700 NORTH KENDALL DR
SUITE PH-2
MIAMI, FL 33156 US

FEI Number: 59-2662033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CADICORP MANAGEMENT GROUP
7154-B SOUTH WEST 47TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156 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: _____ 09/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMIREZ, XAVIER
Address: 9660 SW 152ND AVE, #12
City-St-Zip: MIAMI, FL 33196

Title: TD ( ) Delete
Name: PLATA, BEATRIZ
Address: 9680 SW 152ND AVE, #3
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete
Name: ARIZA, RITA
Address: 9640 SW 152ND AVENUE
City-St-Zip: MIAMI, FL 33196

Title: PD ( ) Delete
Name: THEARD, IMMACULA
Address: 9650 S.W. 152 AVENUE, #18
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMIREZ, XAVIER
Address: 9660 SW 152ND AVE, #12
City-St-Zip: MIAMI, FL 33196

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 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: XAVIER RAMIREZ PD 09/06/2006
Electronic Signature of Signing Officer or Director — Date