2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N13406

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

Current Principal Place of Business:

10711 SW 26 ST
STE 204
MIAMI, FL 33170 US

New Principal Place of Business:

10711 SW 216 ST
STE 201
MIAMI, FL 33170 US

Current Mailing Address:

10711 SW 26 ST
STE 204
MIAMI, FL 33170 US

New Mailing Address:

P.O. BOX 83-6108
MIAMI, FL 33283 US

FEI Number: 59-2662033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIZA, RITA
10711 SW 216 STREET
STE. 201
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

JDB ADMINITRATION & ASSOCIATED SERV. CORP.
10711 SW 216 STREET
STE. 201
MIAMI, FL 33170 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: LIZ FERNANDEZ 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) 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 (X) 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, OTTONIEL A
Address: 9660 SW 152ND AVE, #12
City-St-Zip: MIAMI, FL 33196

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

Title: SD (X) Change ( ) Addition
Name: THEARD, THEARD D
Address: 9650 S.W. 152 AVENUE, #18
City-St-Zip: MIAMI, FL 33196 US

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: BEATRIZ PLATA TD 01/08/2009
Electronic Signature of Signing Officer or Director Date