

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18837

FILED
Mar 30, 2006
Secretary of State

Entity Name: LAKE LOUISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

159 SW 47TH TERRACE
CAPE CORAL, FL 339145347 US

New Principal Place of Business:

Current Mailing Address:

% BENSON'S
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0048804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BENSON MARK R
12650 WHITEHALL DRIVE
FT. MYERS, FL 33907 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: PD () Delete
Name: CENTER, CHARLES
Address: 159 SW 47TH TERR #101
City-St-Zip: CAPE CORAL, FL 33914

Title: TD () Delete
Name: RACE, ALBERT
Address: 159 SW 47TH TERR #108
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: SCHULTZ, CELESTE
Address: 159 SW 47TH TERR #201
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: DOWD, BETTY
Address: 159 SW 47 TERR #105
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: GALLAHER, NORMA
Address: 159 SW 47TH TERR #206
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: CHARLES CENTER

PRES

03/30/2006

Electronic Signature of Signing Officer or Director

Date