

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18837

FILED
Feb 07, 2009
Secretary of State

Entity Name: LAKE LOUISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903

Current Mailing Address:

PO BOX 1848
FORT MYERS, FL 33902

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:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: CHAD M. VAN TILBURG

02/07/2009

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: SMITH, NANCY
Address: 159 SW 47TH TERR #203
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 33914

Title: D () Delete
Name: PASS, DOROTHY
Address: 159 SW 47TH TERR #207
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:

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

Title: SD (X) Change () Addition
Name: DOWD, ELAINE
Address: 159 SW 47 TERR #105
City-St-Zip: CAPE CORAL, FL 33914

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: CHARLES CENTER

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date