2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2010
Secretary of State

DOCUMENT# N18837

Entity Name: LAKE LOUISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: VD
Name: CENTER, CHARLES
Address: 159 SW 47TH TERR #101
City-St-Zip: CAPE CORAL, FL 33914

Title: PD
Name: SMITH, NANCY
Address: 159 SW 47TH TERR #203
City-St-Zip: CAPE CORAL, FL 33914

Title: TD
Name: PASS, DOTTIE
Address: 159 SW 47TH TERR #207
City-St-Zip: CAPE CORAL, FL 33914

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY SMITH PD 01/27/2010

Electronic Signature of Signing Officer or Director — Date