

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18837

FILED
Jan 18, 2012
Secretary of State

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:

C/O SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD UNIT 8-D
CAPE CORAL, FL 33909

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:

SILVERCRESTED MANAGEMENT LLC
1490 NE PINE ISLAND ROAD
UNIT 8-D
CAPE CORAL, FL 33909 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:

01/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: CAPRIOTTI, DAVID
Address: 159 SW 47TH TERRACE #207
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: STD
Name: LAUDE, SANDRA
Address: 102 RIDDELL STREET
City-St-Zip: GREENFIELD, MA 01301

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

01/18/2012

Electronic Signature of Signing Officer or Director

Date