

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20390

FILED
Mar 20, 2009
Secretary of State

Entity Name: LALIQUE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

SEACREST SERVICES, INC.
2400 CENTRE PARK W. DR. #175
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

LALIQUE MAINTENANCE ASSOC.
2600 CRYSTAL POINTE WAY
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

SEACREST SERVICES, INC.
2400 CENTRE PARK W. DR. #175
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0091847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONASTRA, JIM
13110 LALIQUE CT.
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

STOLOFF, SCOTT
1818 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: SCOTT STOLOFF, ESQ.

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLOS, RUTH
Address: 2603 LALIQUE CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VP () Delete
Name: NEWMAN, HERBERT
Address: 13111 LALIQUE CT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: U'SELLIS, RICHARD
Address: 2596 LALIQUE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PT () Delete
Name: MONASTRA, JIM
Address: 13110 LALIQUE COURT
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D (X) Delete
Name: GRAHAM, THEODORA
Address: 2632 LALIWUE CIRCLE
City-St-Zip: PALM BCH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRAHAM, KIM
Address: 2632 LALIQUE CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D (X) Change () Addition
Name: NEWMAN, HERBERT
Address: 13111 LALIQUE CT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
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 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: MARTHA OLDS

MS

03/20/2009

Electronic Signature of Signing Officer or Director

Date