

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20390

FILED
Feb 05, 2010
Secretary of State

Entity Name: LALIQUE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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:

STOLOFF, SCOTT
1818 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: D
Name: GRAHAM, KIM
Address: 2632 LALIQUE CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D
Name: CULLEN, WENDY
Address: 2519 LALIQUE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: P
Name: MONASTRA, JIM
Address: 13110 LALIQUE COURT
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D
Name: RUTH, CARLOS
Address: 13175 LALIQUE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MARTHA OLDS

MS

02/05/2010

Electronic Signature of Signing Officer or Director

Date