2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N21516

Entity Name: L-I-T-W CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4570 STACK BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

4570 STACK BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2793189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN
2500 N. MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431 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: VP ( ) Delete
Name: FLANAGAN, MARY
Address: 4935 LAKE WATERFORD WAY WEST
City-St-Zip: MELBOURNE, FL 32901

Title: TD (X) Delete
Name: FLANNIGAN, MARY E
Address: 4935 LAKE WATERFORD WAY
City-St-Zip: MELBOURNE, FL 32901

Title: PD ( ) Delete
Name: SLATTERY, ED
Address: 4890-1 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

Title: VDP ( ) Delete
Name: KNAPP, NORMAN
Address: 4910 LAKE WATERFORD WAY WEST
City-St-Zip: MELBOURNE, FL 32901

Title: ST ( ) Delete
Name: KELLY, SISTER CLARA
Address: 4933 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SCHMALTZ, JULIUS
Address: 4792 LAKE WATERFORD WAY WEST
City-St-Zip: MELBOURNE, FL 32901

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

Title: PD (X) Change ( ) Addition
Name: SLATTERY, EDWARD
Address: 4890-1 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

Title: TD (X) Change ( ) Addition
Name: KNAPP, NORMAN
Address: 4910 LAKE WATERFORD WAY WEST
City-St-Zip: MELBOURNE, FL 32901

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD SLATTERY PD 01/18/2007

Electronic Signature of Signing Officer or Director — Date