

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27762

FILED  
Jan 24, 2009  
Secretary of State

**Entity Name:** LAKE WINDWOOD CONDOMINIUM IX ASSOCIATION, INC.

**Current Principal Place of Business:**

3000 NORWOOD PLACE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GATES MGMT SERVICES  
P.O. BOX 2568  
BOCA RATON, FL 33427

**New Mailing Address:**

**FEI Number:** 65-0067364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELFAND, MICHAEL J  
1555 PALM BEACH LAKES BLVD  
SUITE 1220  
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: STD ( ) Delete  
Name: CAJAMARCA, DIANA  
Address: 3050 NORWOOD PL #N-110  
City-St-Zip: BOCA RATON, FL 33431

Title: PD ( ) Delete  
Name: MCLEAN, WILLIAM G.,  
Address: 3000 NORWOOD PLACE #N206  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: MULLEN, ANGELIQUE  
Address: 3000 NORWOOD PLACE N 104  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM G. MC LEAN

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01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date