
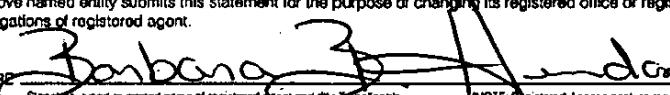
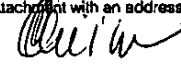


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90017 012 \*\*\*\*61.25

<b>DOCUMENT # N37140</b>			
1. Entity Name <b>TOWN &amp; COUNTRY CONDOMINIUM ASSOCIATION OF LAUDERDALE LAKES, INC.</b>			
Principal Place of Business C/O DCI 2035 HARDING STREET, STE. 200 HOLLYWOOD, FL 33020-2797		Mailing Address C/O DCI 2035 HARDING STREET, STE. 200 HOLLYWOOD, FL 33020-2797	
2. Principal Place of Business - No P.O. Box # <b>10112 USA TODAY WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>10112 USA TODAY WAY</b> Suite, Apt. #, etc.	
City & State <b>MIRAMAR FL</b>		City & State <b>MIRAMAR, FL</b>	
Zip <b>33025</b>		Country <b>BROWARD</b>	
Zip <b>33025</b>		Country <b>BROWARD</b>	
6. Name and Address of Current Registered Agent <b>MEYROWITZ, ANDREW</b> C/O DCI 2035 HARDING STREET, STE. 200 HOLLYWOOD, FL 33020-2797		7. Name and Address of New Registered Agent Name <b>BARBARA HERNDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O DCI ASSOCIATION SERVICES</b> <b>10112 USA TODAY WAY</b> City <b>MIRAMAR</b> FL Zip Code <b>33025</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when reappointing) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEA, LUIS 2018 NW 38TH TERRACE #810 LAUDERDALE LAKES, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL PENNA 2005 NW 37 TERR #408 LAUDERDALE LAKES, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LEO 2013 N.W. 37 TERRACE, #404 LAUDERDALE LAKES, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Josephine VACCIANA 3754 NW 21ST ST. #106 LAUDERDALE LAKES, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNOR, D. 10370 NW 24 ST FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUEKNOR, ORAL 10370 NW 24 ST. FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, REUBEN 2011 NW 37 TERR #405 LAUDERDALE LAKES, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, PEGGY 2008 NW 38TH #805 LAUDERDALE LAKES, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: <b>5-16-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	