## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47098

FILED Jul 11, 2005 Secretary of State

Entity Name: LOCH LOMOND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7120 GLENEAGLE DR 6805 GLENEAGLE DR MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

7120 GLENEAGLE DR
MIAMI LAKES, FL 33014

6805 GLENEAGLE DR
MIAMI LAKES, FL 33014

FEI Number: 65-0309211 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CRAWFORD, GUNILLA
7120 GLENEAGLE DR
MIAMI LAKES, FL 33014 US
MIAMI LAKES, FL 33014 US
MIAMI LAKES, FL 33014 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: KIMBERLY MILLER 07/11/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: CRAWFORD, GUNILLA Name: MILLER, KIMBERLY

Address: 7120 GLENEAGLE DR Address: 6805 GLENEAGLE DR
City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

Name: WESSEL, LOUIS Name: DIAZ, ANGEL

 Address:
 16001 EAST TROON CIRCLE
 Address:
 15900 WEST TROON CIRCLE

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI LAKES, FL 33014

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VARGA, LAUREEN
 Name:

 Address:
 16015 W PRESTWICK PL
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MIRTHA, MENDEZ
 Name:

 Address:
 7000 GLENEAGLE DRIVE
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLY MILLER DP 07/11/2005