
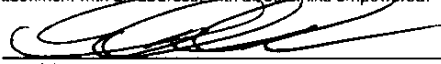


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90088 011 ****61.25

DOCUMENT # N47098					
1. Entity Name LOCH LOMOND HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 16015 WEST PRESTWICK PLACE MIAMI LAKES, FL 33014			Mailing Address 16015 WEST PRESTWICK PLACE MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0309211	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VARGA, ALEXANDER 16015 WEST PRESTWICK PLACE MIAMI LAKES, FL 33014			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ANGEL		NAME	Wayne Rinehart	
STREET ADDRESS	15900 WEST TROON CIRCLE		STREET ADDRESS	15761 Turnberry Drive	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGA, ALEXANDER		NAME		
STREET ADDRESS	16015 WEST PRESTWICK PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, MIRTHA		NAME	Eileen Zampieri	
STREET ADDRESS	7000 GLENEAGLE DRIVE		STREET ADDRESS	16101 East Troon Circle	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE		<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bobbi Schulte	
STREET ADDRESS			STREET ADDRESS	15935 West Prestwick Place	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE		<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rick Levenson	
STREET ADDRESS			STREET ADDRESS	15800 Turnberry Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an office, like empowered.					
SIGNATURE: 		Alexander Varga		January 8, 2007 305-757-0875	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	