## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002455

Apr 29, 2005 Secretary of State

Entity Name: LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.

US

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

10034 W MCNAB RD TAMARAC, FL 33321

**Current Mailing Address: New Mailing Address:** 

10034 W MCNAB RD TAMARAC, FL 33321 US

FEI Number: 65-0549889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MILES, JAMES 10034 W MCNAB RD TAMARAC, FL 33321 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete LAWRENCE, CHESTER KOLODNY, GARY Name: Name: 10034 W. MCNAB RD Address: 10034 W. MCNAB RD Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete Title: PD (X) Change ( ) Addition

PRICE, TED Name: PRICE, TED Name: Address: 10034 W MCNAB RD Address: 10034 W MCNAB RD City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: TAMARAC, FL 33321 US

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

CHAIET, HOWARD Name: Name: 10034 W MCNAB RD Address: Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip:

Title: SD ( ) Delete Title: STD (X) Change ( ) Addition

Name: CINTORINO, MAXINE Name: CINTORINO, MAXINE 10034 W MCNAB RD Address: Address: 10034 W MCNAB RD City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: TAMARAC, FL 33321 US

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

STOFF, MYRON LAWRENCE, CHESTER Name: Name: 10034 W MCNAB RD 10034 W MCNAB RD Address: Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: TAMARAC, FL 33321 US

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: THEODRE PRICE PD 04/29/2005