2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

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FILED Mar 24, 2006 8:00 am Secretary of State

DOCUMENT # N94000002455 02-22-2006 90015 035 ****61.25 LOMBARDY NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 10034 W MCNAB RD TAMARAC FL 33321 10034 W MCNAB RD TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0549889 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILES, JAMES --Street Address (P.O. Box Number is Not Acceptable) 10034 W MCNAB RD TAMARAC FL 33321 City 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 Signature, typico or primed isame of registered openit and title if apparable (NOTE: Fourstands Agent supreture registed where remarkable) Make Check Payable to to Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Orust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Attdition KOLODNY, GARY NAME 10034 W. MCNAB RD STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY+ST-ZIP PD TILLE Delete ☐ Change ☐ Addition PRICE, TED NAME NAME STREET ADDRESS 10034 W MCNAB RD STREET ADDRESS TAMARAC FL 33321 CITY-SE-2P CITY-SE-ZIP Delete TITLE ☐ Addition NAME CHAIET, HOWARD NAME 10034.W.MCNAB RD STREET ADDRESS STREET ADDRESS CITY-ST- AP TAMARAC FL 33321 CITY-SI-ZIP STD TITLE Delete me ☐ Chance ☐ Add-tion CINTORINO, MAXINE NAME 10034 W MCNAB RD STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Addition LAWRENCE, CHESTER NAME NAME 10034 W MCNAB RD STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY+ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 feeting of the corpora if changed, or on an attachment

STREET ADDRESS

CITY-ST-7P

SIGNATURE

STREET ADDRESS

CITY-ST-7/P

stock GE SIGNING OFFICER OR DIRECTOR

GARY KOLODNY

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ATTACHMENT Le6006863

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

LOMBARDY NEIGHBORHOOD ASSOCIATION, INC. 10034 W MCNAB RD '. TAMARAC, FL 33321 US

Subject: LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.

·· Reference Number:

N94000002455

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION