2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 15, 2007 8:00 am
Secretary of State
02-28-2007 90004 037 ****61.25

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1. Entity Name
LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10034 W MCNAB RD TAMARAC, FL 33321 US	10034 W MCNAB RD TAMARAC, FL 33321 US

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01192007 Chg-NP CR2E037 (12/06)

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 65-0549889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MILES, JAMES~~ ~~10034 W MCNAB RD~~ ~~TAMARAC, FL 33321~~	Name: Sachs + Sax P.A. Street Address (P.O. Box Number is Not Acceptable): 301 Yamato Rd City: Boca Raton, FL Zip Code: 33431

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] To Sachs + Sax, DATE: 2/11/07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOLODNY, GARY 10034 W. MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES IRWIN WEINER 10034 W MCNAB RD TAMARAC, FL 3332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CINTORINO, MAXINE 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS SHIRLEY MAIMAN 10034 W MCNAB RD TAMARAC FL 3332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES Irwin Weiner	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. ARTHUR ANCZELOWITZ 10034 W. MCNAB RD TAMARAC FL 3332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. Shirley Maiman	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Art Anczelowitz	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] IRWIN WEINER 2-26-07
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)