

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002455

FILED
Mar 09, 2009
Secretary of State

Entity Name: LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

10034 W MCNAB RD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:
10034 W MCNAB RD
TAMARAC, FL 33321 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SACHS & SAX P.A.
301 YAMATO RD.
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BRYAN S. ADELINE, P.A.
4050 W. BROWARD BLVD.
PLANTATION, FL 33317 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: BRYAN ADELINE

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOLODNY, GARY
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: STD () Delete
Name: CINTORINO, MAXINE
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

Title: P () Delete
Name: WEINER, IRWIN
Address: 10036 MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: T () Delete
Name: MAIMON, CHIRLEY
Address: 10036 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33334

Title: D () Delete
Name: ANCZOLWITZ, ARTHUR
Address: 10036 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: CINTORINO, MAXINE
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

Title: P (X) Change () Addition
Name: WEINER, IRWIN
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: T (X) Change () Addition
Name: MAIMON, SHIRLEY
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: ANCZOLWITZ, ARTHUR
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IRWIN WEINER

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date