

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002455

FILED
Feb 15, 2010
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:

C/O CCM, INC
7124 N NOB HILL RD
TAMARAC, FL 33321 US

Current Mailing Address:

10034 W MCNAB RD
TAMARAC, FL 33321 US

New Mailing Address:

C/O CCM, INC
7124 N NOB HILL 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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: KOLODNY, GARY
Address: 7124 N NOB HILL RD
City-St-Zip: TAMARAC, FL 33321

Title: STD
Name: CINTORINO, MAXINE
Address: 7124 N NOB HILL RD
City-St-Zip: TAMARAC, FL 33321 US

Title: P
Name: WENER, IRWIN
Address: 7124 N NOB HILL RD
City-St-Zip: TAMARAC, FL 33321

Title: T
Name: MAIMON, SHIRLEY
Address: 7124 N NOB HILL RD
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: ANCZOLWITZ, ARTHUR
Address: 7124 N NOB HILL RD
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: IRWIN WENER

Electronic Signature of Signing Officer or Director

P

02/15/2010

Date