

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006185

FILED
Feb 24, 2009
Secretary of State

Entity Name: LAKE CHARLES ASSOCIATION, INC.

Current Principal Place of Business:

550 S.W. LAKE CHARLES CIR
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

550 S.W. LAKE CHARLES CIR
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0600074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, MARY R ESQ
SACHS SAX CAPLAN
1850 SW FOUNTAINVIEW BLVD., STE.207
ST LUCIE WEST, FL 34986 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: PD () Delete
Name: HASSLER, JOAN
Address: 722 SW MUNJACK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VPD () Delete
Name: VOLPE, JAMES
Address: 712 SAN SALVADOR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VPD () Delete
Name: GINSKIN, ROBERT
Address: 758 SW MUNJACK CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: BROWN, DON
Address: 786 SW MARSH HARBOUR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD () Delete
Name: RECKERDRES, BILL
Address: 579 SW ROMORA BAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOAN HASSLER

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date