

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006185

FILED
Mar 23, 2011
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:

GLICKMAN, LARRY Z ESQ
1850 FOUNTAINVIEW BLVD.
SUITE 207
PORT ST LUCIE, 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
Name: HASSLER, JOAN
Address: 722 SW MUNJACK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: 2VPD
Name: COHEN, LARRY
Address: 550 SW NEW CASTLE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD
Name: RODRIGUES, WILLIAM
Address: 1623 SW HARBOUR ISLES CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: JOAN HASSLER

PRES

03/23/2011

Electronic Signature of Signing Officer or Director

Date