

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005484

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** LAKERIDGE FALLS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

12301 LAKE RIDGE FALLS DRIVE  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

12301 LAKE RIDGE FALLS DRIVE  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 65-1638746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISINGER, DENNIS  
4000 HOLLYWOOD BLVD  
PRESIDENTIAL CIRCLE, SUITE 265-S  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

LAMKIN, A. DAVID  
7386 FALLS ROAD WEST  
BOYNTON BEACH, FL 33437 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: A. DAVID LAMKIN

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAMKIN, A. DAVID  
Address: 7386 FALLS ROAD WEST  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP  
Name: FRIEDMAN, STANLEY  
Address: 12421 LAKERIDGE FALLS DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: T  
Name: UHRBACH, HAROLD  
Address: 12380 LAKERIDGE FALLS DR  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: S  
Name: GORMAN, RITA  
Address: 12345 GLEN FALLS LANE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D  
Name: EXELBERT, MARTIN  
Address: 7194 FALLS ROAD EAST  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D  
Name: DUBROW, BERNARD  
Address: 7359 STERLING FALLS LANE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: MARTHA OLDS

MGRM

03/18/2011

Electronic Signature of Signing Officer or Director

Date