

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006240

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** LAKE VILLA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

757 CRANDON BLVD.  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

757 CRANDON BLVD.  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

757 CRANDON BLVD.  
KEY BISCAYNE, FL 33149

**FEI Number:** 65-0712611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKRLD, INC  
201 ALHAMBRA CIR 1102  
MIAMI, FL 33143 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: BORRELLI, HARRY  
Address: 743 CRANDON BLVD. # 206  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: ZABWDOWSKI, DEBRA  
Address: 737 CRANDON BLVD. # PH2  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ST ( ) Delete  
Name: GONZALEZ, JUAN M  
Address: 727 CRENDON BLVD 402  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ST (X) Change ( ) Addition  
Name: GONZALEZ, JUAN M  
Address: 727 CRANDON BLVD 402  
City-St-Zip: KEY BISCAYNE, FL 33149

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: HARRY BORRELLI

PD

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date