

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90023 047 ****61.25

DOCUMENT # N97000004924					
1. Entity Name LAKE FOREST HOMEOWNERS ASSOCIATION OF SOUTH BROWARD, INC.					
Principal Place of Business FIRE STATION 3800 SW 41ST AVE HOLLYWOOD, FL 33023			Mailing Address PO BOX 5115 WEST PARK, FL 33023		
2. Principal Place of Business - No P.O. Box # FIRE STATION		3. Mailing Address			
Suite, Apt. #, etc. 7111 SW 89th St.		Suite, Apt. #, etc.			
City & State WEST PARK		City & State		4. FEI Number 65-0798781	
Zip 33023		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUDEIKIS, KRISTINE 3700 SW 39TH ST WEST PARK, FL 33023			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME JUDEIKIS, KRISTINE STREET ADDRESS 3700 SW 39TH ST CITY-ST-ZIP WEST PARK, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SEWARD, SUSAN STREET ADDRESS 4000 SW 32ND BLVD CITY-ST-ZIP WEST PARK, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DAVIS, MARIE STREET ADDRESS 4649 SW 31ST DR CITY-ST-ZIP WEST PARK, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME YERKS, BEATRICE STREET ADDRESS 3520 SW 39 ST CITY-ST-ZIP HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALDEN, RUBY STREET ADDRESS 3700 SW 45TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LANDRIAN, MIRTHA STREET ADDRESS 3801 SW 44 AVE CITY-ST-ZIP WEST PARK, FL 33023	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME LANKA M. PEREZ STREET ADDRESS 3821 SW 44 AVE. CITY-ST-ZIP WEST PARK, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kristine A. Judeikis</i> 2/11/08 754-224-6156					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					