2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N97000004924

Entity Name: LAKE FOREST HOMEOWNERS ASSOCIATION OF SOUTH BROWARD, INC.

Current Principal Place of Business:

FIRE STATION
4111 SW 89TH ST
33023, FL 33023

New Principal Place of Business:

LAKE FOREST VOLUNTEER FIRE HALL
4111 SW 39TH ST
33023, FL 33023

Current Mailing Address:

PO BOX 5115
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 65-0798781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUDEIKIS, KRISTINE
3700 SW 39TH ST
WEST PARK, FL 33023 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:	P	( ) Delete
Name:	JUDEIKIS, KRISTINE	
Address:	3700 SW 39TH ST	
City-St-Zip:	WEST PARK, FL 33023	
Title:	VP	( ) Delete
Name:	SEWARD, SUSAN	
Address:	4000 SW 32ND BLVD	
City-St-Zip:	WEST PARK, FL 33023	
Title:	T	( ) Delete
Name:	DAVIS, MARIE	
Address:	4649 SW 31ST DR	
City-St-Zip:	WEST PARK, FL 33023	
Title:	D	( ) Delete
Name:	YERKS, BEATRICE	
Address:	3520 SW 39 ST	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	D	( ) Delete
Name:	ALDEN, RUBY	
Address:	3700 SW 45TH AVE	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	S	( ) Delete
Name:	PEREZ, LANKA M	
Address:	3821SW. 44 AVE	
City-St-Zip:	WEST PARK, FL 33023	

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:	D	(X) Change ( ) Addition
Name:	YERKS, BEATRICE	
Address:	3520 SW 39 ST	
City-St-Zip:	WEST PARK, FL 33023	
Title:	D	(X) Change ( ) Addition
Name:	MATYSIN, LYNN	
Address:	3701 SW 45TH AVE	
City-St-Zip:	WEST PARK, FL 33023	
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: KRISTINE A. JUDEIKIS PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date