2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2009
Secretary of State

DOCUMENT# N98000000344

Entity Name: LAUDERGATE ISLES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2130 NE 15 ST
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

2130 NE 15 ST
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMILTON, AMY JONES
2130 NE 15TH STREET
FORT LAUDERDALE, FL 33304 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: WILLIAMS, REX 2 037 NE
Address: 2130 NE 15 ST
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DV ( ) Delete
Name: HAMILTON, AMY
Address: 2130 NE 15 ST
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TD ( ) Delete
Name: MUTTI, FRANCESCO
Address: 2106 NE 15 ST
City-St-Zip: FT LAUDERDALE, FL 33304

Title: S ( ) Delete
Name: DANIELS, MARY
Address: 2047 NE 14 CT
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: BROWN, ALAN
Address: 2031 NE 15 ST
City-St-Zip: FT LAUDERDALE, FL 33304

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

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: FRANCESCO MUTTI TD 07/12/2009

Electronic Signature of Signing Officer or Director — Date