2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N98000006822

Entity Name: LUCY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2033 CALAIS DR.,
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

309 23RD STREET
#300
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 11-3644528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGATTA REAL ESTATE MANAGEMENT
309 23RD STREET
SUITE 300
MIAMI BEACH, FL 33139 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:	TREVISA, BRIAN	
Address:	2033 CALAIS DR. #10	
City-St-Zip:	MIAMI BEACH, FL 331413565	
Title:	VP	( ) Delete
Name:	TAJES, ANA	
Address:	2033 CALAIS DR. #7	
City-St-Zip:	MIAMI BEACH, FL 331413565	
Title:	S	( ) Delete
Name:	FIORDA, EDUARDO	
Address:	2033 CALAIS DR. #1	
City-St-Zip:	MIAMI BEACH, FL 331413565	
Title:	T	( ) Delete
Name:	RIOS, ALEXANDER	
Address:	2033 CALAIS DR. #5	
City-St-Zip:	MIAMI BEACH, FL 331413565	

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:	

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: TIMOTHY J VODA OFF 04/23/2008

Electronic Signature of Signing Officer or Director — Date