

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106746

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORENCE VILLA LAKESMART, INC.

Current Principal Place of Business:

2950 SW 27TH AVE
200
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2950 SW 27TH AVE
200
MIAMI, FL 33133

New Mailing Address:

FEI Number: 55-0803180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, VERMELL V
Address: 608 AVENUE S, N.E.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: TINSLEY, SERETHA S
Address: 1900 HAVENDALE BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: COLSTON, PATSY A
Address: 826 WARE AVENUE
City-St-Zip: WINTER HAVEN, FL 33882

Title: D () Delete
Name: STATON, JACQUALINE
Address: P.O. BOX 3626
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: BURNHAM, PERRY
Address: 1109 11TH COURT NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: ROBINSON, ELEASE
Address: 2240 5TH ST NE
City-St-Zip: WINTER HAVEN, FL 33881

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD J BOGGIO

GP

04/20/2009

Electronic Signature of Signing Officer or Director

Date