

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002455

Entity Name: LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**C/O CCM, INC
7124 N NOB HILL RD
TAMARAC, FL 33321**Current Mailing Address:**C/O CCM, INC
7124 N NOB HILL RD
TAMARAC, FL 33321 US**FEI Number:** 65-0549889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYAN S. ADELIN, P.A.
4050 W. BROWARD BLVD.
PLANTATION, FL 33317 US*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**Officer/Director Detail :**Title T
Name CINTORINO, MAXINE
Address 7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321Title P
Name WENER, IRWIN
Address 7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321Title VP
Name MAIMAN, SHIRLEY
Address 7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321Title D
Name ANCZELOWITZ, ARTHUR
Address 7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321Title S
Name KAZLOW, CANDY
Address 7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: IRWIN WENER

PRESIDENT

03/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date