

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716238

1. Entity Name

LAKE HOUSE SOUTH ASSOCIATION, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90403 007 ****61.25

00054544



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
875 E. CAMINO REAL BOCA RATON FL 33432		875 E. CAMINO REAL BOCA RATON FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1311341	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MGMT CORP
3300 UNIVERSITY DR 405
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, ALAN	
STREET ADDRESS	875 E CAMINE REAL 10-C	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPELAN, HERBERT	
STREET ADDRESS	875 E. CAMINO ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS-MURRAY, HELEN	
STREET ADDRESS	875 EAST CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMOUDLIN, MICHAEL DR.	
STREET ADDRESS	875 E CAMINO RAL #12-H	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OUSSANI, JAMES, SR.	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEONARD, DAVID	
STREET ADDRESS	875 E. CAMINO ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiCorpo, Martin	
STREET ADDRESS	35A Heritage Circle	
CITY-ST-ZIP	Southbury, CT 06488	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'Angelo, Gary	
STREET ADDRESS	875 E Camino Real #17-DH	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Birkoter, Anne	
STREET ADDRESS	122 Ashford Rd.	
CITY-ST-ZIP	Cherry Hill, NJ 03003	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dahmen, Lawrence	
STREET ADDRESS	875 E. Camino Real #17-D	
CITY-ST-ZIP	Boca Raton, FL 33432	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ REQUIRED

CR2E037 (10/00)