
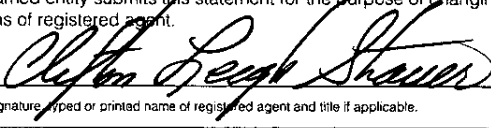
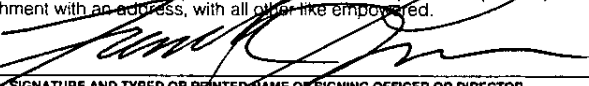


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90338 038 ****61.25

DOCUMENT # 716238 1. Entity Name LAKE HOUSE SOUTH ASSOCIATION, INC.					
Principal Place of Business 875 E. CAMINO REAL BOCA RATON FL 33432				Mailing Address 875 E. CAMINO REAL BOCA RATON FL 33432	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1311341	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMAN, CHERI 875 E CAMINO REAL BOCA RATON FL 33432				7. Name and Address of New Registered Agent Name CLIFTON (LEIGH) STRASSER 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/2/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICORPO, MARTIN <input checked="" type="checkbox"/> Delete 875 E CAMINO REAL BOCA RATON FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAWRENCE DAHMAN 875 E CAMINO REAL 17D BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAN, HERBERT <input type="checkbox"/> Delete 875 E. CAMINO ROAD BOCA RATON FL 33433			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCERI, FRANK <input type="checkbox"/> Delete 875 E CAMINO REAL 2B BOCA RATON FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAJIAN, RICHARD <input type="checkbox"/> Delete 875 E CAMINO REAL #4H BOCA RATON FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, DONALD <input type="checkbox"/> Delete 875 E CAMINO REAL 9C BOCA RATON FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BELAY, ROSEMARY <input checked="" type="checkbox"/> Delete 875 E CAMINO REAL 16G BOCA RATON FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FREDRIC FOGLE 875 E CAMINO REAL 10H 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:  DATE: 4/2/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					