


FILE NOW: FILING FEE IS \$61.25

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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732371** (0)
1. Corporation Name
LAKES OF ACADIA HOMEOWNERS ASSOCIATION, INC



Principal Place of Business		Mailing Address	
19425 NW 56 PLACE MIAMI FL 33055 US		C/O CAM ACCOUNTING 14278 BISC. BLVD. #143 N. MIAMI BEACH FL 33181 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

3. Date Incorporated or Qualified	04/02/1975	
4. FEI Number	59-1809193	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEREZ-SIAM, FRANK 265 SEVILLA AVENUE CORAL GABLES FL 33134		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLBRITTON, FLOYD	1.2 NAME	CESAR CARBANA
STREET ADDRESS	7990 WEST 15 LANE	1.3 STREET ADDRESS	19301 NW 52 COURT
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMEJO, OSCAR	2.2 NAME	MILLIE ERAZO
STREET ADDRESS	5248 NW 193 LANE	2.3 STREET ADDRESS	19265 NW 56 PL.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLBRITTON, YVONNE	3.2 NAME	FRANK ERAZO
STREET ADDRESS	7990 W 15 LANE	3.3 STREET ADDRESS	19265 NW 56 PL
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, MARY WRIGHT	4.2 NAME	MAUREEN BENZ
STREET ADDRESS	19573 NW 55 CIR PLACE	4.3 STREET ADDRESS	19359 NW 54 COURT
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MALCOLM TAYLOR
STREET ADDRESS		5.3 STREET ADDRESS	19314 NW 54 COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LEWISTHOMAS
STREET ADDRESS		6.3 STREET ADDRESS	19553 NW. 55 CIR PLACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33055

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Yvonne Allbritton ALBRITTON 1-6-98 891-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081452

CR2E037 (10/97)