

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:37

DOCUMENT # 740566 (5)

1. Corporation Name

LAKE CHARA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**14241 S.W. 92ND AVENUE
MIAMI FL 33176**

**1500 SAN REMO AVENUE
SUITE 235
CORAL GABLES FL 33146
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1977

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1776099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOTT, HOWARD K.
1500 SAN REMO AVENUE
SUITE 235
MIAMI FL 33146**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME GARCIA, JESUS JR
STREET ADDRESS 14121 SW 92 AVENUE
CITY-ST-ZIP MIAMI FL**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE D
NAME SAMEN, CHARLES
STREET ADDRESS 14301 SW 92ND AVE.
CITY-ST-ZIP MIAMI FL**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE VPD
NAME WILLIAMS, ELDRIDGE
STREET ADDRESS 9061 SW 144TH ST.
CITY-ST-ZIP MIAMI FL**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE TD
NAME BOTT, HOWARD
STREET ADDRESS 14241 S.W. 92ND AVENUE
CITY-ST-ZIP MIAMI FL**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE SD
NAME DUCHENE, FRANCES
STREET ADDRESS 9001 S.W. 144 ST.
CITY-ST-ZIP MIAMI FL**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report. If changed, by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD K. BOTT

Date

2-11-95 (305) 662-1971

Signature (Print Name)