

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740566 (5)

1. Corporation Name  
LAKE CHARA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 14241 S.W. 92ND AVENUE MIAMI FL 33176  
Mailing Address: 1500 SAN REMO AVENUE SUITE 235 CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: 10/11/1977  
3a. Date of Last Report: 02/08/1995  
4. FEI Number: 59-1776099  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

9. Name and Address of Current Registered Agent  
BOTT, HOWARD K.  
1500 SAN REMO AVENUE  
SUITE 235  
MIAMI FL 33146

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | PD                     | <input type="checkbox"/> DELETE |
| NAME            | GARCIA, JESUS JR       |                                 |
| STREET ADDRESS  | 14121 SW 92 AVENUE     |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | D                      | <input type="checkbox"/> DELETE |
| NAME            | SAMEN, CHARLES         |                                 |
| STREET ADDRESS  | 14301 SW 92ND AVE.     |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | VPD                    | <input type="checkbox"/> DELETE |
| NAME            | WILLIAMS, ELDRIDGE     |                                 |
| STREET ADDRESS  | 9061 SW 144TH ST.      |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | TD                     | <input type="checkbox"/> DELETE |
| NAME            | BOTT, HOWARD           |                                 |
| STREET ADDRESS  | 14241 S.W. 92ND AVENUE |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           | SD                     | <input type="checkbox"/> DELETE |
| NAME            | DUCHENE, FRANCES       |                                 |
| STREET ADDRESS  | 9001 S.W. 144 ST.      |                                 |
| CITY - ST - ZIP | MIAMI FL               |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard K. Bott 4/13/96 (305) 662-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)