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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740566

1. Corporation Name

LAKE CHARA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

14241 S.W. 92ND AVENUE
MIAMI FL 33176

Mailing Address

14241 SW 92 ND AVE
SUITE 235
MIAMI FL 33176
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/11/1977

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

9. Name and Address of Current Registered Agent

BOTT, HOWARD K.
14241 SW 92 AVE
SUITE 235
MIAMI FL 33176

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

PD GARCIA, JESUS JR
14121 SW 92 AVENUE
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

VPD WILLIAMS, ELDRIDGE
9061 SW 144TH ST.
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TD BOTT, HOWARD
14241 S.W. 92ND AVENUE
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

SD DUCHENE, FRANCES
9001 S.W. 144 ST.
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED BOTT

4/27/99

(305) 598-8456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)