FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:44

DOCUMENT # 749253 (1)

1. Corporation Name

LE LAC PROPERTY OWNERS' ASSOCIATION, INCORPORATE D

Principal Place of Business	Mailing Address
6000 LE LAC RD BOCA RATON FL 33496 US	6000 LE LAC ROAD BOCA RATON FL 33496 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1979
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-7154344 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
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

9. Name and Address of Current Registered Agent

SABGA, EMILE
6018 LE LAC ROAD
BOCA RATON FL 33496

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ELMORE, GEORGE T.	1.2 NAME	LEDER, SAM	
STREET ADDRESS	6001 LE LAC ROAD	1.3 STREET ADDRESS	6015 LE LAC ROAD	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	SABGA, EMILE	2.2 NAME		
STREET ADDRESS	6018 LE LAC ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S	☒ Change ☐ Addition
NAME	LUHRS, H. RIC	3.2 NAME		
STREET ADDRESS	6020 LE LAC ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	HENRY, JOHN	4.2 NAME	MYHRE, GARY	
STREET ADDRESS	6011 LE LAC RD	4.3 STREET ADDRESS	6008 LE LAC ROAD	
CITY-ST-ZIP	BOCA RATON F	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	P	☒ Change ☐ Addition
NAME	CROHN, FRANK	5.2 NAME		
STREET ADDRESS	6031 LE LAC ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	GALLO, CARL	6.2 NAME		
STREET ADDRESS	6002 LE LAC ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	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)(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: [signature] FRANK C ROHN, PRES. 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021600