
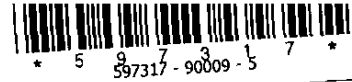


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 754944		
1. Corporation Name LAGO MAR MEMBERSHIP ASSOCIATION, INC.		
Principal Place of Business 500 NW 127TH AVE FT LAUDERDALE FL 33325	Mailing Address 500 NW 127TH AVE FT LAUDERDALE FL 33325	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/31/1980
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2032069
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		Applied For
		Not Applicable
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORELAND, ELENA 13061 NW 3RD ST PLANTATION FL 33325	81 Name: Richard T Woulfe 82 Street Address (P.O. Box Number is Not Acceptable): 1126 SE 7 Street 83 84 City: Ft Lauderdale FL 85 Zip Code: 33301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: MELLON, JACK	1.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12631 N.W. 1ST PLACE	CITY-ST-ZIP: PLANTATION FL 33325	1.2 NAME:	
TITLE: D	NAME: MITCHELL, WILLIAM DR	1.3 STREET ADDRESS:	
STREET ADDRESS: 1081 W. TROPICAL	CITY-ST-ZIP: PLANTATION FL 33317	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: MOSELY, MARION	2.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1901 S.W. 74 TERR	CITY-ST-ZIP: PLANTATION FL 33317	2.2 NAME:	
TITLE: PD	NAME: MORELAND, ELENA	2.3 STREET ADDRESS: 1081 W Tropical Way	
STREET ADDRESS: 13061 N.W. 3 RD ST.	CITY-ST-ZIP: PLANTATION FL 33325	2.4 CITY-ST-ZIP:	
TITLE: VP	NAME: TOTOU, JOHN	3.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 138 NW, 130TH AVE	CITY-ST-ZIP: PLANTATION FL	3.2 NAME:	
TITLE: PD	NAME: MORELAND, ELENA	3.3 STREET ADDRESS:	
STREET ADDRESS: 13061 N.W. 3 RD ST.	CITY-ST-ZIP: PLANTATION FL 33325	3.4 CITY-ST-ZIP:	
TITLE: D	NAME: RICHARD T. WOULFE	4.1 TITLE: PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1126 SE 7 ST	CITY-ST-ZIP: FT LAUDERDALE FL 33301	4.2 NAME:	
TITLE: D	NAME: RONALD KRISTE	4.3 STREET ADDRESS: 10100 NW 14 ST	
STREET ADDRESS: 10100 NW 14 ST	CITY-ST-ZIP: PLANTATION FL 33322	4.4 CITY-ST-ZIP:	
TITLE: D	NAME: DAVID PATTERSON	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 11280 SW 23 PLACE	CITY-ST-ZIP: DAVID FL 33325	5.2 NAME:	
TITLE: D	NAME: DAVID PATTERSON	5.3 STREET ADDRESS:	
STREET ADDRESS: 11280 SW 23 PLACE	CITY-ST-ZIP: DAVID FL 33325	5.4 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: _____

CR2E037 (5/99)