

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 # **757764 (6)**

1. Corporation Name

LA JOLLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

360 GRECO AVENUE
CORAL GABLES FL 33146

C/O THE FOSTER CO.
12398 SW 82 AVE
MIAMI FL

3. Date Incorporated or Qualified
04/28/1981

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **C/O FOSTER COMPANY**
Suite, Apt. #, etc.
12384 SW 82 AVE

22 City & State

27 City & State
Miami

23 Zip Country

28 Zip Country
33156 USA

4. FEI Number

59-2444398

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T DELETE
NAME: **GIERSON, JEFF**
STREET ADDRESS: **8916 SW 113 PLACE C E**
CITY-ST-ZIP: **MIAMI FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PD DELETE
NAME: **SUNDHEIM, ADRIANNE**
STREET ADDRESS: **8818 SW 113 CARMEL PL E**
CITY-ST-ZIP: **MIAMI FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

D DELETE
NAME: **DAHLSTROM, CHARLES**
STREET ADDRESS: **11560 SW 91 TERRACE**
CITY-ST-ZIP: **MIAMI FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

S DELETE
NAME: **HAMILTON, KAREN**
STREET ADDRESS: **8913 SW 113 PL. CIR. W.**
CITY-ST-ZIP: **MIAMI FL**

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

VP DELETE
NAME: **LEON, JONATHON**
STREET ADDRESS: **8900 SW 113TH PLACE CIRCLE EAST**
CITY-ST-ZIP: **MIAMI FL**

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

DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

Date

305595-1135

Daytime Phone #

CR2E037 (12/95)