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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 C/O THE FOSTER CO.  
CORAL GABLES FL 33146 12396 SW 82 AVE  
MIAMI FL 33156-5255

3. Date Incorporated or Qualified 04/28/1981  
3a. Date of Last Report 02/29/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27  
City & State City & State

23 28  
Zip Country Zip Country

24 25 29 30  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME: Santangelo, Patricia  
3.3 STREET ADDRESS: 11578 SW 91 Terr  
3.4 CITY-ST-ZIP: Miami, FL 33176

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

4.1 TITLE  
4.2 NAME: VPD  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME: Bourdeau, Louis  
5.3 STREET ADDRESS: 11572 SW 91 Terr  
5.4 CITY-ST-ZIP: Miami, FL 33176

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Adrienne Sundheim 2-19-97 254 7228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027686

CR2E037 (9/96)