

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # 761119 (7)  
1. Corporation Name  
**DOS LAGOS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY STE 10  
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified **12/15/1981** 3a. Date of Last Report **04/26/1995**  
4. FEI Number **59-2159401** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY STE 10  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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) DATE \_\_\_\_\_ Registered Agent signature required when recording

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>PD</del> <del>PERSIN, JUDY</del> <del>18 LAS ISLAS</del> <del>BOYNTON BCH FL</del> <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SD</del> <del>moer, Cecilia</del> <del>69 Via de Casas Norte</del> <del>Boynton Beach, FL</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOMIUS, WYGER <input type="checkbox"/> DELETE 11 LAS ISLAS BOYNTON BEACH FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARTER, JOAN <input checked="" type="checkbox"/> DELETE 19 VIA DE CASAS SUR 202 BOYNTON BCH FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATTHEWS, BARBARA <input type="checkbox"/> DELETE 1 VIA DE CASA DUR #102 BOYNTON BCH. FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TD</del> <del>GONTI, KRISTEN</del> <del>732 RIDER ROAD</del> <del>BOYNTON BEACH FL</del> <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPINLER, KAREN <input type="checkbox"/> DELETE 87 VIA DE CASAS NORTE BOYNTON BEACH FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, upon an attachment with an address.

SIGNATURE: *Robert H. P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3-26-96 707-738-6862  
Date Daytime Phone #

CR2E037 (12/95)

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RUN DATE: 3/15/96  
RUN TIME: 10:31 AM

DOS LAGOS HOMEOWNERS ASSOCIATION, INC.  
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/15/96

NAME/ADDRESS	TITLE	TERM EXPIRATION
CLASS: PRESIDENT		
VYGER HOVIUS 11 LAS ISLAS BOYNTON BEACH FL 33426	PRESIDENT WORK PHONE: 968-4971 HOME PHONE: 736-1897	
CLASS: VICE PRESIDENT		
BARBARA MATTHEWS 1 VIA DE CASAS SUR, #102 BOYNTON BEACH FL 33426	VICE PRESIDENT WORK PHONE: HOME PHONE: 732-2561	
CLASS: SECRETARY		
JECILIA MASER 69 VIA DE CASAS NORTE BOYNTON BEACH FL 33426	SECRETARY WORK PHONE: HOME PHONE: 738-0698	
CLASS: TREASURER		
ROBERT BROWN 100 VIA DE CASAS NORTE BOYNTON BEACH FL 33426	TREASURER WORK PHONE: HOME PHONE: 738-6862	
CLASS: DIRECTOR		
VIVIAN LEGGIO 19 VIA DE CASAS SUR, #102 BOYNTON BEACH FL 33426	DIRECTOR WORK PHONE: HOME PHONE: 364-1291	
DON KELLER 19 VIA DE CASAS SUR, #104 BOYNTON BEACH FL 33426	DIRECTOR WORK PHONE: HOME PHONE: 738-6987	
KAREN SPINNLER 87 VIA DE CASAS NORTE BOYNTON BEACH FL 33426	DIRECTOR WORK PHONE: HOME PHONE: 369-0650	
JOHN CONNELL 5 VIA DE CASAS NORTE BOYNTON BEACH FL 33426	DIRECTOR WORK PHONE: HOME PHONE: 736-6844	
SCOTT CHRISTOFFERS 54 VISTA DEL RIO BOYNTON BEACH FL 33426	DIRECTOR WORK PHONE: 387-6283 HOME PHONE: 735-4763	