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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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% ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY STE 10
LAKE WORTH FL 33460-44553. Date Incorporated or Qualified
12/15/19813a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
59-2159401Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible taxes under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY STE 10
LAKE WORTH FL 33460

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

Sign or as sign or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME MASER, CECILIA
STREET ADDRESS 69 VIA DE CASAS NORTE
CITY-ST-ZIP BOYNTON BEACH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME HOMUS, WYGER
STREET ADDRESS 11 LAS ISLAS
CITY-ST-ZIP BOYNTON BEACH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME BROWN, ROBERT
STREET ADDRESS 100 VIA DE CASAS NORTE
CITY-ST-ZIP BOYNTON BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME MATTHEWS, BARBARA
STREET ADDRESS 1 VIA DE CASA DUR #102
CITY-ST-ZIP BOYNTON BCH. FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LEGGIO, VIVIAN
STREET ADDRESS 19 VIA DE CASAS #102
CITY-ST-ZIP BOYNTON BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME SPINNLER, KAREN
STREET ADDRESS 87 VIA DE CASAS NORTE
CITY-ST-ZIP BOYNTON BEACH FL6.1 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 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 its 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

Date

Daytime Phone # 0038157

CR2E037 (9/96)