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Mar 10 1998 8:00am
 Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA 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: % ASSOCIATED PROPERTY MANAGEMENT, 400 S DIXIE HWY STE 10, LAKE WORTH FL 33460
 Mailing Address: % ASSOCIATED PROPERTY MANAGEMENT, 400 S DIXIE HWY STE 10, LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 12/15/1981
 4. FEI Number: 59-2159401
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	SD MASER, CECILIA <input type="checkbox"/> DELETE
NAME	MASER, CECILIA
STREET ADDRESS	69 VIA DE CASAS NORTE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PD HOVUS, WYGER <input type="checkbox"/> DELETE
NAME	HOVUS, WYGER
STREET ADDRESS	11 LAS ISLAS
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD BROWN, ROBERT <input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT
STREET ADDRESS	100 VIA DE CASAS NORTE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD MATTHEWS, BARBARA <input type="checkbox"/> DELETE
NAME	MATTHEWS, BARBARA
STREET ADDRESS	1 VIA DE CASA DUR #102
CITY-ST-ZIP	BOYNTON BCH. FL
TITLE	D LEGGIO, VIVIAN <input type="checkbox"/> DELETE
NAME	LEGGIO, VIVIAN
STREET ADDRESS	19 VIA DE CASAS #102
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD SPINLER, KAREN <input type="checkbox"/> DELETE
NAME	SPINLER, KAREN
STREET ADDRESS	87 VIA DE CASAS NORTE
CITY-ST-ZIP	BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Sirico, Anthony
3.3 STREET ADDRESS	64 Via De Casas Norte
3.4 CITY-ST-ZIP	Boynton Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Connell, John
4.3 STREET ADDRESS	5 Via de Casas Norte
4.4 CITY-ST-ZIP	Boynton Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Maye, Michael
5.3 STREET ADDRESS	113 Via de Casas Norte
5.4 CITY-ST-ZIP	Boynton Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Christoffers, Scott
6.3 STREET ADDRESS	54 Vista del Rio
6.4 CITY-ST-ZIP	Boynton Bch, FL

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.

SIGNATURE: Cecilia Maser Cecilia MASER, SECRETARY 3/2/98 561-588-7210

CR2E037 (10/97)