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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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
3.3 STREET ADDRESS	Sirico, Anthony
3.4 CITY-ST-ZIP	64 Via De Casas Norte Boynton Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Connell, John
4.4 CITY-ST-ZIP	5 Via de Casas Norte Boynton Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Maye, Michael
5.4 CITY-ST-ZIP	113 Via de Casas Norte Boynton Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Christoffers, Scott
6.4 CITY-ST-ZIP	54 Vista del Rio Boynton Beach, 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 3/1/98 561-588-7210

CR2E037 (10/97)