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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 761119

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2159401	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip	
24		25		29	
Country		Country		30	

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			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASER, CECILIA	1.2 NAME	
STREET ADDRESS	69 VIA DE CASAS NORTE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVUS, WYGER	2.2 NAME	PD Sittler, Kim
STREET ADDRESS	11 LAS ISLAS	2.3 STREET ADDRESS	7 Via de Casas Sur, #204
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRICO, ANTHONY	3.2 NAME	D Irwin King
STREET ADDRESS	64 VIA DE CASAS NORTE	3.3 STREET ADDRESS	35 Via de Casas Norte
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach FL
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, BARBARA	4.2 NAME	VD Connell, John
STREET ADDRESS	1 VIA DE CASA DUR #102	4.3 STREET ADDRESS	5 Via de Casas Norte
CITY-ST-ZIP	BOYNTON BCH. FL	4.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGGIO, VIVIAN	5.2 NAME	D Matthews, Barbara
STREET ADDRESS	19 VIA DE CASAS #102	5.3 STREET ADDRESS	1 Via de Casas Sur, #102
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Boynton Beh, FL
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINNLER, KAREN	6.2 NAME	D Maye, Michael
STREET ADDRESS	87 VIA DE CASAS NORTE	6.3 STREET ADDRESS	27 Vista Del Rio
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	Boynton Beh, 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, with all other like empowered.

SIGNATURE: CSIGNATURE REQUIRED / 1/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)