

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N10671 (8)**

1. Corporation Name
THE LAKE FOREST TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 3651 S.W. 36 ST. HOLLYWOOD FL 33023
Mailing Address: 3651 S.W. 36 ST. HOLLYWOOD FL 33023

3. Date Incorporated or Qualified: **08/13/1985**
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business 3700 S.W. 32 CT.	2a	Mailing Address 3700 S.W. 32 CT.	4.	FEI Number NOT APPLICABLE	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Hollywood, FL	28	City & State Hollywood, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33023	25	Country USA	29	Zip 33023	30	Country USA

9. Name and Address of Current Registered Agent STEWART, MITCHELL 3651 SW 36 ST. HOLLYWOOD FL 33023				10. Name and Address of New Registered Agent			
81	Name	PHILLIPS, JOSEPH					
82	Street Address (P.O. Box Number is Not Acceptable)	3700 S.W. 32 CT.					
83	City	HOLLYWOOD					
84	Zip Code	33023					

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE: *Joseph D. Phillips Pres.* *Joseph D. Phillips* DATE: **1-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-STEWART, MITCHELL-	1.2 NAME	PHILLIPS, JOSEPH
STREET ADDRESS	-3651 S.W. 36 ST.-	1.3 STREET ADDRESS	3700 S.W. 32 CT.
CITY-ST-ZIP	-HOLLYWOOD FL----	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-DUPREE, GENE-----	2.2 NAME	PARK, DAVID
STREET ADDRESS	-3430 SW 32ND CT----	2.3 STREET ADDRESS	4629 S.W. 31 DR.
CITY-ST-ZIP	-HOLLYWOOD FL----	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-BORTA, RICHARD----	3.2 NAME	MEYER, VENNIE LUVENIA
STREET ADDRESS	-9320 SW 92 CT----	3.3 STREET ADDRESS	4200 S.W. 30 ST.
CITY-ST-ZIP	-HOLLYWOOD FL----	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-STEWART, RANDI----	4.2 NAME	JIMENEZ, APRIL
STREET ADDRESS	-3651 S.W. 36 ST.-	4.3 STREET ADDRESS	4629 S.W. 31 DR.
CITY-ST-ZIP	-HOLLYWOOD FL----	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-SULLIVAN, DAN-----	5.2 NAME	SULLIVAN, DAN
STREET ADDRESS	-4271 SW 32ND ST----	5.3 STREET ADDRESS	4271 S.W. 32 ST.
CITY-ST-ZIP	-HOLLYWOOD FL----	5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-GOOLEY, JANIE-----	6.2 NAME	ROHRER, MICHAEL
STREET ADDRESS	-3631 SW 36 STREET-	6.3 STREET ADDRESS	4220 S.W. 30 ST.
CITY-ST-ZIP	-HOLLYWOOD FL----	6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023

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, or on an attachment with an address.

SIGNATURE: *Joseph D. Phillips* *Joseph D. Phillips* DATE: **1-24-96** 305-966-5451

CR2E037 (12/95)