

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 3700 SW 32 CT HOLLYWOOD FL 33023 | Mailing Address 3700 SW 32 CT HOLLYWOOD FL 33023-5765 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/13/1985 | 3a. Date of Last Report 03/08/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

| | |
|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|--|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

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|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent
**PHILLIPS, JOSEPH
3700 SW 32 CT
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PHILLIPS, JOSEPH | |
| STREET ADDRESS | 3700 SW 32 CT | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PARK, DAVID | |
| STREET ADDRESS | 4629 SW 31 DR. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MEYER, LUVENIA | |
| STREET ADDRESS | 4629 SW 30 ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | JIMENEZ, APRIL | |
| STREET ADDRESS | 4629 SW 31 DR. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SULLIVAN, DAN | |
| STREET ADDRESS | 4629 SW 32 ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROHRER, MICHAEL | |
| STREET ADDRESS | 4629 SW 30 ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | |

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 | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Park, David |
| 2.3 STREET ADDRESS | 4629 S.W. 31 Dr. |
| 2.4 CITY-ST-ZIP | Hollywood, FL 33023 |
| 3.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Meyer, Luvenia |
| 3.3 STREET ADDRESS | 4200 S.W. 30 Street |
| 3.4 CITY-ST-ZIP | Hollywood, FL 33023 |
| 4.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Park, April |
| 4.3 STREET ADDRESS | 4629 S.W. 31 Dr. |
| 4.4 CITY-ST-ZIP | Hollywood, FL 33023 |
| 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Anderson, Steve |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Rohrer, Michael |
| 6.3 STREET ADDRESS | 4220 S.W. 30 Street |
| 6.4 CITY-ST-ZIP | Hollywood, FL 33023 |

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 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* **REQUIRED** Date: **08-13-97** Daytime Phone # **0021500**

CR2E037 (9/96)