

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10671 (8)**

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

Principal Place of Business <b>3700 SW 32 CT HOLLYWOOD FL 33023</b>	Mailing Address <b>3700 SW 32 CT HOLLYWOOD FL 33023</b>
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3. Date Incorporated or Qualified  
**08/13/1985**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PHILLIPS, JOSEPH 3700 SW 32 CT HOLLYWOOD FL 33023	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP <del>PARK, DAVID</del> 4829 S.W. 31 DR. HOLLYWOOD FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>VP CLARA GUTMAN</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4200 SW 32 ST</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>
TITLE	T MEYER, LUVENIA 4200 S.W. 30 ST. HOLLYWOOD FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>JAMES WILKIE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4401 SW 31 Dr.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>
TITLE	S PARK, APRIL 4829 SW 31 DR. HOLLYWOOD FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ANDERSON, STEVE 4829 SW 32 ST. HOLLYWOOD FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Bapty, Allan</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>3320 SW 40AVE.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>
TITLE	D ROHRER, MICHAEL 4220 S.W. 80 ST HOLLYWOOD FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Dorothy Mayer, Cindy</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4501 S.W. 31 Dr.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Hollywood FL 33023</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 219.07(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* **Joseph D. Phillips** 954-966-5451

CR2E037 (10/97)