

FILE NOW: FILING FEE IS \$61.25

FILED

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

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

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)