

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 # N12558 (5)

1. Corporation Name
LAVENDER WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **14430 SW 17TH STREET DAVIE FL 33325**
Mailing Address: **14430 SW 17TH STREET DAVIE FL 33325**

3. Date Incorporated or Qualified: **12/16/1985**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business: **21 134 LAVENDER AVE**
2a. Mailing Address: **26 134 LAVENDER AVE**
Suite, Apt. #, etc.

4. FEI Number: **65-0039167**
Applied For: Not Applicable

22. City & State: **LAKE PLACID FL**
27. City & State: **LAKE PLACID FLORIDA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33852** Country: **USA**
28. Zip: **33852** Country: **USA**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

GERDA, ROSA
14430 SW 17 STREET
DAVIE FL 33325

10. Name and Address of New Registered Agent
81 Name: **ROBERT W CARTER**
82 Street Address (P.O. Box Number is Not Acceptable): **134 LAVENDER AVENUE**
83
84 City: **LAKE PLACID FL** 85 Zip Code: **33852**

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]* **ROBERT W CARTER** DATE: **2.4.96**
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	TPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAPHY, BRIAN	1.2 NAME ROBERT W CARTER
STREET ADDRESS	134 LAVENDER AVE.	1.3 STREET ADDRESS 134 LAVENDER AVE
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP LAKE PLACID FLORIDA 33852
TITLE	PDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA, GERDA	2.2 NAME GERDA ROSA
STREET ADDRESS	14430 SW 17TH STREET	2.3 STREET ADDRESS 14430 SW 17TH STREET
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP DAVIE FLORIDA 33325
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURABIESKI, ROBERT	3.2 NAME FRANCISCO HERNANDEZ
STREET ADDRESS	113 DELTA AVE	3.3 STREET ADDRESS 327 BEACON BLVD
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP MIAMI FLORIDA 33135
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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: *[Signature]* **ROBERT W CARTER** DATE: **2.4.96** Daytime Phone: **941 465 7075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)