
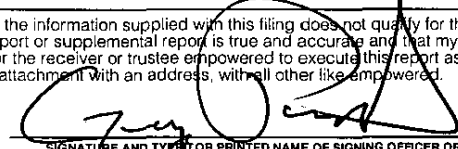


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90022 047 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| DOCUMENT # N36151   |   |   |  |
| 1. Entity Name<br>LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.  |   | Principal Place of Business<br>C/O THE CONTINENTAL GROUP<br>12079 S.W. 131 AVE.<br>MIAMI, FL 33186                               |  |
| Mailing Address<br>C/O THE CONTINENTAL GROUP<br>12079 S.W. 131 AVE.<br>MIAMI, FL 33186  |   | 01122004 Chg-NP CR2E037 (10/03)  |  |
| 2. Principal Place of Business<br>11981 SW 144 CT<br>Suite/Apt. #, etc.<br>201  |   | 3. Mailing Address<br>11981 SW 144 CT<br>Suite/Apt. #, etc.<br>201   |  |
| City & State<br>Miami, FL   |   | City & State<br>Miami, FL  |  |
| 4. FEI Number<br>65-0188697   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -  |   | Zip 33186 Country  |  |
| 6. Name and Address of Current Registered Agent<br>HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS PA<br>150 W. FLAGLER ST., STE. 2701<br>MIAMI, FL 33130   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |  |  |
| SIGNATURE _____   |   | DATE _____   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |  |  |
| Filing Fee is \$61.25 Due by May 1, 2004  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                     |  |
|   |   | Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FERNANDEZ, GEORGE<br>9071 N.W. 190 STREET<br>MIAMI, FL 33015 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | +D<br>Luis Garcia<br>19621 NW 88 Ave<br>Miami, FL. 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>FLUHART, CYNTHIA<br>8741 N.W. 189 TERR.<br>MIAMI, FL 33015 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Phillip Spatero<br>19031 NW 89 Court<br>Miami, FL. 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>GONZALEZ, PEDRO<br>8986 N.W. 188 TERR<br>MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BOEGLIN, WERNER<br>8801 N.W. 189 TERR.<br>MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BESTINI, FELIPE<br>18752 NW 90 AVE.<br>MIAMI, FL <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Bestini, Felipe<br>18752 NW 90 Ave<br>Miami, FL. 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |
| SIGNATURE:   |   | Date: 2/15/04 Daytime Phone #: 305-477-7799  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |  |