

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90162 018 ****61.25

0000365

DOCUMENT # N36151

1. Entity Name
LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O THE CONTINENTAL GROUP
12079 S.W. 131 AVE.
MIAMI FL 33186**

Mailing Address
**C/O THE CONTINENTAL GROUP
12079 S.W. 131 AVE.
MIAMI FL 33186**

10040004



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0188697**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS PA
150 W. FLAGLER ST., STE. 2701
MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 **PD** Delete
NAME **FERNANDEZ, GEORGE**
STREET ADDRESS **9071 N.W. 190 STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** Change Addition
NAME **Felipe Bestini**
STREET ADDRESS **18752 NW 90 AVE**
CITY-ST-ZIP **Miami FL**

TITLE **SD** Delete
NAME **FLUHART, CYNTHIA**
STREET ADDRESS **8741 N.W. 189 TERR.**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **GONZALEZ, PEDRO**
STREET ADDRESS **8986 N.W. 188 TERR**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BOEGLIN, WERNER**
STREET ADDRESS **8801 N.W. 189 TERR.**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

CR2E037 (10/02)