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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT # 1. Corporation Name	N392

(1)

## IRIS LAKES HOMEOWNERS ASSOCIATION, INC.

Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  27  City & State  City & Stat	IDIO LA	IVES HOMEOMMENS VOS	CIATION, IIAC.								
SUITE 1100 WEST PALM BEACH FL 39401  SUITE 1100 WEST PALM BEACH FL 39401  SUITE 1100 SUITE MORE OF Business  2.a. Making Accidences 3.a. Date of Last Report 303/31/1995 3. Deter incorporated or Quantited 303/31/1995 3. Deterministic Floring Suite Accidences 3. Date of Last Report 303/31/1995 3. Deterministic Floring Suite Accidences 3. Date of Last Report 303/31/1995 3. Deterministic Floring Suite Accidences 3. Date of Last Report 303/31/1995 3. Deterministic Floring Suite Accidences 3. Date of Last Report 303/31/1995 3. Deterministic Desired 3. Desired Accidence of Stationary 3. Desired 3. Desired Accidence of Stationary 3. Desired 3. Desired Accidence of Stationary 3. Desired Accidence of Stationary 3. Desired Accidences 3. Des	Principal Place	of Business	Mailing Address						HOU DIAN DIEN DIDN	DION OLDIA BIBIN 1001	
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Sullo, Apt. #, etc.   27	WEST PALM BEACH FL 33407 WEST PALM BEACH FL 334		. 60-101	<del>, 10</del> 1			l '				
Surfa, Apr. 9, etc.    Surfa, Apr. 9, etc.   Substance   Surfa, Apr. 9, etc.   Substance	2. Principal Pla										
City & State    City & State   City	Suite, Apt. #, etc. Suite, Apt. #, etc.						•		NK I T	-	
2p	City & State City & State			-			, , ,	\$5	.00 May Be		
B. Name and Address of Current Registered Agent    CCCLESTONE, E. LLWYD     SUITE 1100	Zip	· · ·	Zip	Country				8. This corporation has liability for intangible tax under s. 199.032,			
BT   Name   SUITE 1100   1555 PALM BEACH LAKES BLVD.   WEST PALM BEACH EXAMED AND DIRECTORS   13   SUITE ADDRESS   15   SUITE ADDRESS	24			[30]	1						
ECCLESTONE, E. LLWYD III SUITE 1100 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401  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 deligations of, Section 617,0503, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the deligations of, Section 617,0503, Florida Statutes.  SIGNATURE SIGNATURE  12. DEFICES AND DIRECTORS 13. ADDITIONS/CHANSES TO OFFICETS AND DIRECTORS IN 12  12. DEFICES AND DIRECTORS 13. ADDITIONS/CHANSES TO OFFICETS AND DIRECTORS IN 12  14. TITLE  15. PL  15. SPALM BEACH FL  15. SPALM BEACH FL  15. SPALM BEACH FL  15. PL		9. Name and Address of Correll	r Hegistered Agent		81	Name		TV. Hallie and Address of Hell H	egistored Agoric		
SUITE 1100 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH LASA011  11. Pursuent to the provisions of Sections 617.0502 and 617.1508. Fordia Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am marked agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am marked agent and the second of the corporation's board of directors. I hereby accept the appointment as registered agent. I am marked agent and the second of the corporation's board of directors. I hereby accept the appointment as registered agent. I am marked agent and the second of directors. I hereby accept the appointment as registered agent. I am marked agent and the second of directors. I hereby accept the appointment as registered agent. I am marked agent a	FCCLES	TONE, E. H. WYD III					Addres	ss (P.O. Box Number is Not Acceptable	le)		
The part of the providence of Sections 617.0502 and 617.1506. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a minimum with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature   Signat	SUITE 1	100							·		
The provisions of Sections 617,0502 and 617,1508, Porida 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent. I am submit and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, type of princip state of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am far and the state of Florids Statutes agent. I am far and the state of Florids Statutes. I hereby accept the deligation of change agent. I am far and the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the deligation of change agent. I am far and the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the deligation of change agent. I am far and the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the deligation of change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the state of Florids. Such change agent. I am far and the						City			85	Zip Code	
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Signature, bysed or printe interiol registered appears and reference of registered appears and personal registered appears a	or registere	ed agent, or both, in the State of Flori	da. Such change was authorize	ed by the c	oorp	named co oration's	orporat board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of changing l pintment as registe	its registered office l red agent. I am	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD	SIGNATURE	Signature, typed or printed name of registered agent	and title if explicable (NO	TE: Registered	i Aper	t sionature n	equired w	when reinstating)	DATE		
FCCLESTONE, ELLWYD III STREET ADDRESS OITY-ST-ZIP W. PALM BEACH FL VID JERMAN RICHARD A STREET ADDRESS OITY-ST-ZIP  TITLE JERMAN RICHARD A STREET ADDRESS OITY-ST-ZIP  TITLE JERMAN BEACH LAKES BLVD. W. PALM BEACH FL STREET ADDRESS OITY-ST-ZIP TITLE JERMAN RICHARD A STREET ADDRESS OITY-ST-ZIP WEST PALM BEACH LAKES BLVD. WEST PALM BEACH LAKES BLVD  WEST PALM BEACH LAKES BLVD  JSS REET ADDRESS OITY-ST-ZIP  TITLE JERMAN BEACH LAKES BLVD  WEST PALM BEACH LAKES BLVD  JSS REET ADDRESS OITY-ST-ZIP TITLE JERMAN BEACH LAKES BLVD  STREET ADDRESS OITY-ST-ZIP TITLE JERMAN BEACH LAKES BLVD  JSS REET ADDRESS OITY-ST-ZIP TITLE JERMAN BEACH LAKES BLVD  JSS REET ADDRESS OITY-ST-ZIP TITLE JERMAN BEACH LAKES BLVD  JSS REET ADDRESS OITY-ST-ZIP JERMAN BEACH LAKES BLV											
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And I do hearly partie that the information available with this filing is valuntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further											
	dd I do borok	L by certify that the information supplied	with this filing is voluntarily furn	siehed and	doc	e not nu	alify for	r the exemption stated in Section 119	.07(3)(k), Florida St	atutes. I further	

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: Ron Cooper SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 407/686-2000 Date Daytime Phone #

CR2E037 (12/95)