FILE NOW: FILING FEE IS \$61.25 Polines as

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N46807

(6)

LAKE CODAL CODINGS ASSOCIATION INC

LAKE CORAL SPRINGS ASSOCIATION, INC.									
Principal Place of Business Maling Address									
3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065			3300 UNIVERSITY DRIVE CORAL SPRINGS FL 3306	3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065					
						3. Date Incorporated or Qualified 01/14/1992	l l	Last Report 31/1995	
	Principal Pla	ace of Business	28. Mailing Address	- 1/1/10/21/21/21/21		4. FEI Number		Applied For	
21	Suite, Apt. I	t oto	Suite, Apt. #, etc.			65-0335745		Not Applicable	
22			27			5. Certificate of Status Desired	>	8.75 Additional Fee Required	
23	City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24	<i>Ζ</i> φ	Country Zip Cou		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name	ame			
	FLORIDA NATIONAL PROPERTIES, INC.					ess (P.O. Box Number is Not Acceptat	ole)		
		NIVERSITY DRIVE		83					
	CUHAL	SPRINGS FL 33065		-					
				84	City		FL 85		
11	or register	to the provisions of Sections 617.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorized:	the above-r by the corp	named corpora oration's board	ation submits this statement for the pui d of directors. I hereby accept the app	rpose of changin ointment as regis	g its registered office stered agent. I am	
SIC	SNATURE _	Styrial in Speed or printed name of registered agen							
12			ND DIRECTORS	13.	it signature required	ADDITIONS CHANGES TO OFF	DATE ICERS AND DIE	ECTORS IN 12	
Til.		PD	DELETE	1171116			TTC+		
NAN	At	MCGOWAN, J.P.		1.2 NAME			<u> </u>	- 1	
\$1H	EFT ADDRESS			1 3 STREET	ADDRESS				
Cill	r - ST - ZIP			14 C•TY-S	iT - ZIP				
Π,	f	SD □DELFTE 21		2.1 T-TLE			□ Cr	lange 🔲 Addition	
NAN	AE .	TARAVELLA, J.P. JR.		2 2 NAME					
Sin	EET ADDRESS	3300 UNIVERSITY DRIVE		2.3 STREET ADDRESS					
*	Y - ST - ZIE			2 4 CITY -	\$1-ZIP				
TIFL	i	TD DELETE		3 1 TITLE			□ Cr	nange	
NAM CTO		PASOLLI, SCOTT A.		3.2 NAME 3.3 STREET ADDRESS					
i	EEF ADORESS Y-ST-ZIF								
7 Tu	~	DELETE		3.4 CITY-S!-ZiP 4.1 TITLE			. □ Cr	nange Addition	
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	Y ST ZIP			4.4 CITY - S					
TIFL				5 1 TITLE			CI	nange	
NA3	at:			5.2 NAME					
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C+T	Y - ST - ZIP			5.4 CITY - S	ST - ZIP				
T TE	. F	☐DELETE 61		6 1 TITLE			CI	nange Addition	
NAF	đξ			6.2 NAMÉ					
STR	EET ADDRESS			6 3 STREET	ADDRESS				
	Y - ST - Z-P			6 4 CITY - 9					
14	. I do hereb	by certify that the information supplied	with this filing is voluntarily furnish	ed and doe	s not qualify fo	or 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:

J.P. Taravella, Jr., Secretary ID TYPED OR PRINTED PAGE OF SIGNING OFFICER OR DIRECTOR

1-16-96

954-752-1100