## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPOSATION

тіоі

DOCUMENT # N46807

(6)

LAKE CORAL SPRINGS ASSOCIATION, INC.

Principal Place of Business	Mailing Address			
8300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-6309			
2. Principal Place of Business	2a. Mailing Address			
21 C. No. Act. # 212	26			

FILED Jun 10 1997 8:00am Secretary of State



					01/14/1002	02/10/1000		
	Place of Business	2a. Mailing Address			4. FEI Number 65-0335745	Applied For		
21 Sulto Ant	# sto	Suite, Apt. #, etc.	<del></del>		00 0000110	Not Applicable		
22					5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	☐ Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for inj	tangible tax under s. 199.032,		
24	25	29	30			Yes No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regi	stered Agent		
			81 Nar	™ W∠I	Communities Limite	A PADTHEDSHID		
FLORIDA NATIONAL PROPERTIES, INC.				et Address (P.O. Box Number is Not Acceptable)				
3300 UNIVERSITY DRIVE			i	3300 UNIVERSITY DRIVE				
CORAL SPRINGS FL 33065								
			84 City	<u> </u>		85 Zip Code		
			log City	CORP	al springs	FL   85   Zip Code 5		
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 OFF CAMUSELLAS J. P. Taravella JR V. P. 6/6/97								
OIGHTATOTIC		gent and title if applicable (Not)	Registered Agent signs	ture required		DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	DELETE	1.1 THTLE	ļ		☐ Change ☐ Addition		
NAME	MCGOWAN, J.P.		1.2 NAME					
STREET ADDRESS	3300 UNIVERSITY DRIVE		1.3 STREET ADDRES	SS		į		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1,4 CITY-ST-ZIP					
TITLE	SD.	☐ DELETE	2.1 TITLE	[F]	$\mathcal{D}$	Change Addition		
NAME	TARAVELLA, J.P. JR.		2.2 NAME	~				
STREET ADDRESS	3300 UNIVERSITY DRIVE		2.3 STREET ADDRES	SS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY - ST - ZIP					
TITLE	TD	☐ DELETE	3.1 TITLE	ļ		☐ Change ☐ Addition		
NAME	PASOLLI, SCOTT A.		3.2 NAME			İ		
STREET ADDRESS	3300 UNIVERSITY DRIVE		3.3 STREET ADDRES	SS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4. CITY - ST - ZIP	-				
TITLE	1	☐ DELETE	4.1 TITLE	SD	),	☐ Change 【X】Addition		
NAME			4. 2 NAME	MV	anticonett_			
STREET ADDRESS			4.3 STREET ADDRES	8 33	as private pl De.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	C.c	oral opening F13306	5		
TITLE	1	☐ DELETE	. 5.1 TITLE		٠	Change ( Addition		
NAME	[		5.2 NAME	· [		Mr.		
STREET ADDRESS			5.3 STREET ADDRES	SS		K, 1/0		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	1	☐ DELETE	6.1 TITLE		100000221	Change Addition		
NAME			6.2 NAME		10000221: -06/13/9701088	t		
STREET ADDRESS			6.3 STREET ADDRES	SS	***61.25	, 553		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1	<i>すやす</i> 01.C3			

14. I do 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 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.

CICNIATURE.

DR Howard all

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