

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46807 (6)  
1. Corporation Name  
LAKE CORAL SPRINGS ASSOCIATION, INC.



Principal Place of Business: 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065  
Mailing Address: 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-6309

3. Date Incorporated or Qualified: 01/14/1992  
3a. Date of Last Report: 02/15/1996  
2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields.  
4. FEI Number: 65-0335745  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FLORIDA NATIONAL PROPERTIES, INC. 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065  
10. Name and Address of New Registered Agent: WCI COMMUNITIES LIMITED PARTNERSHIP 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

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: J.P. Taravelle, J.P. Taravelle Jr. V.P. DATE: 6/6/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MCGOWAN, J.P.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3300 UNIVERSITY DRIVE	CITY-ST-ZIP: CORAL SPRINGS FL 33065	1.2 NAME:	
TITLE: SD	NAME: TARAVELLA, J.P. JR.	1.3 STREET ADDRESS:	
STREET ADDRESS: 3300 UNIVERSITY DRIVE	CITY-ST-ZIP: CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP:	
TITLE: TD	NAME: PASOLLI, SCOTT A.	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3300 UNIVERSITY DRIVE	CITY-ST-ZIP: CORAL SPRINGS FL 33065	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

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.

SIGNATURE: J.P. Taravelle, J.P. Taravelle Jr. V.P. DATE: 6-10-97

CR2E037 (9/96)