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Jul 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N46807**  
1. Corporation Name  
**LAKE CORAL SPRINGS ASSOC., INC.**

Principal Place of Business Mailing Address

**SUNRAE MANAGEMENT SERVICES, INC.**  
4000 N. STATE RD. 7<sup>th</sup> STE. 408A  
LAUDERDALE LAKES, FL 33319

**SUNRAE MANAGEMENT SERVICES, INC.**  
4000 N. STATE RD. 7<sup>th</sup> STE. 408A  
LAUDERDALE LAKES, FL 33319

*Amend*

3. Date incorporated or Qualified  
**1-14-92**

4. FEI Number  
**65-0335745**

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **same**

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WCT Communities Limited Partnership**  
3300 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (**SUNRAE MANAGEMENT SERVICES, INC.**)  
83 **4000 N. STATE RD. 7<sup>th</sup> STE. 408A LAUDERDALE LAKES, FL 33319**  
84 City **FL** 85 Zip Code

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 *Ann L. Dunbar* DATE **6-22-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CORNELL, MARY</b>
STREET ADDRESS	<b>3300 UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TABAUCLA, J.P. JR</b>
STREET ADDRESS	<b>3300 UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS 33065</b>
TITLE	<b>TJ</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PASOLLI, SCOTT A.</b>
STREET ADDRESS	<b>3300 UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS 33065</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>SODER, KEATS</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>11889 NW 12 DR.</b>
13 STREET ADDRESS	<b>CORAL SPRINGS, FL 33071</b>
14 CITY-ST-ZIP	<b>T</b>
21 TITLE	<b>PETER BERLIN</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>1051 NW 121 TERR.</b>
23 STREET ADDRESS	<b>CORAL SPRINGS, FL 33071</b>
24 CITY-ST-ZIP	<b>T</b>
31 TITLE	<b>GREGORY M. BLAIR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>8190 ST. RD. 84</b>
33 STREET ADDRESS	<b>DAVIE, FL 33320</b>
34 CITY-ST-ZIP	<b>T</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<b>7/17</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>400002593084</b>
63 STREET ADDRESS	<b>-07/20/98--01074--004</b>
64 CITY-ST-ZIP	<b>***61.25</b>

14. 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 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: *Ann L. Dunbar* DATE: **6-22-98** TIME: **9547339010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)