SECOND AMOUNT DUE O	NOTICE: CORPORATION WILL B N OR BEFORE 8/7/96: \$61.25 (IF DIS	E DISSOLVE	D ON OR AFTER	AUGUS	T 7, 1996.	25.)
NONPROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			
	MENT # N481	95	(4)			
	IMPRESSION II LAKE OV	VNERS AS	SOCIATION,	INC		i i i i i i i i i i i i i i i i i i i
Principal Place	e of Business	Mailing	) Address	<del>.</del>		
5500 SW 58TH CT 55500 SW 58TH CT DAVIE FL 33314 US US						
2. Principal P	ace of Business	2a Ma	ling Address			3. Date Incorporated or Qualified   04/03/1992
21		26				4. FEI Number Applied For 65-0347751 Not Applicable
Suite, Apt.	#, etc.	27 Sui	te, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State	3	City	& State		- 12.77 - 12.51	Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip	Country 25	Zıp	<u></u>	30	ntry	8. This corporation has liability for intangible tax under s. 199.032,
	9. Name and Address of Curre		Agent	1301	81 Name	Florida Statutes Yes No  10. Name and Address of New Registered Agent
5500 S Davie	ELL, CYNTHIA W 68TH CT FL 33314  to the provisions of Sections 617.056	02 and 617.15	08, Florida Statute	es, the ab	<b>B4</b> City	Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  orporation submits this statement for the purpose of changing its registered reation's board of directors. I hereby accept the appointment as registered
SIGNATURE	n familiar with, and accept the oblig					equired when renstating)  DATE
12.	OFFICERS AN		IS .	13.		ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12
TITLE NAME	JACOBS, TOM		DELETE	1.1 TII 1.2 NA		Change Addition
STREET ADORESS CITY-ST-ZIP	5807 SW 57TH WAY DAVIE FL			1.3 \$1	REET ADDRESS TY-ST-ZIP	
TITLE	DV ARNELLO, TOM	· · · · ·	DELETE	2.1 TI3	LE	Change Addition
NAME STREET ADDRESS	5542 58TH CT. SW			2.2 NA 2.3 ST	ME REET ADDRESS	
CITY+ST-ZIP TITLE	DAVIE FL DST		DELETE	2 4 C)	TY-ST-ZIP LE	Change   Addition
NAME STREET ADDRESS	RUSSELL, CYNTHIA 5500 S2 58TH CT			3 2 NA		
CITY-ST-ZIP	DAVIE FL				REET ADDRESS TY-ST-ZIP	
TITLE NAME			DELETE	4.1 TIT 4. 2 N/		Change Addition
STREET ADDRESS					REET ADORESS	
CITY-ST-ZIP TITLE			DELETE	4.4 CIT	Y-ST-ZIP LE	Change Addition
NAME				5.2 NA		
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP	
TITLE			DELETE	6 1 TIT		Change Addition
NAME STREET ADDRESS				62 NA 63 STI	ME HEET ADDRESS	
CITY-ST-ZIP	v certify that the information supplie	d with this fili-	a je voluntarih f	6.4 CII	Y-SI-ZIP	wellful of the promotion stated in Control 120 07/07/10 Ct. 110 07/07/10 Ct.
made und	uiv viai vie iniormation indicated on	this annual re or of the corp	port or supplement pration or the secei	ntal annu: iver or tru	al report is tru stee empowe	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I be and accurate and that my signature shall have the same legal effect as if are 40 execute this report as required by Chapter 617, Florida Statutes; and
SIGNATURE: SIGNATURE : SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE TO DOLLE PRODE & D						