

FILE NOW: FILING FEE IS \$61.25

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Feb 21 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 # N48195 (4)  
1. Corporation Name  
FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address  
5500 SW 58TH CT DAVIE FL 33314 US  
5500 SW 58TH CT DAVIE FL 33314-7466 US

2. Principal Place of Business 21 5550 S.W. 58th Court  
22 Suite, Apt. #, etc.  
23 City & State Davie FL  
24 Zip 33314 25 Country USA

2a. Mailing Address 26 P.O. Box 848926  
27 Suite, Apt. #, etc.  
28 City & State Pembroke Pines FL  
29 Zip 33084 30 Country USA

3. Date Incorporated or Qualified 04/03/1992  
3a. Date of Last Report 06/13/1996  
4. FEI Number 65-0347751  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$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  
RUSSELL, CYNTHIA  
5500 SW 68TH CT  
DAVIE FL 33314

10. Name and Address of New Registered Agent  
81 Name Darlene M. Panella  
82 Street Address (P.O. Box Number is Not Acceptable) 5550 S.W. 58th Court  
83  
84 City Davie FL 85 Zip Code 33314

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: *Darlene M. Panella* Darlene M. Panella, TREASURER 1/15/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, TOM	
STREET ADDRESS	5807 SW 57TH WAY	
CITY-ST-ZIP	DAVIE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ARNELLO, TOM	
STREET ADDRESS	5542 58TH CT. SW	
CITY-ST-ZIP	DAVIE FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, CYNTHIA	
STREET ADDRESS	5500 S2 58TH CT	
CITY-ST-ZIP	DAVIE FL	
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

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Parsons	
1.3 STREET ADDRESS	5713 S.W. 57 P1	
1.4 CITY-ST-ZIP	Davie FL 33314	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michele Kitman	
2.3 STREET ADDRESS	5641 S.W. 58 Ct	
2.4 CITY-ST-ZIP	Davie FL 33314	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Darlene M. Panella	
3.3 STREET ADDRESS	5550 S.W. 58 Ct	
3.4 CITY-ST-ZIP	Davie FL 33314	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leslie Umschweis	
4.3 STREET ADDRESS	5542 S.W. 57 P1	
4.4 CITY-ST-ZIP	Davie FL 33314	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wendy Stowell	
5.3 STREET ADDRESS	5623 S.W. 57 P1	
5.4 CITY-ST-ZIP	Davie FL 33314	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Darlene M. Panella* Darlene M. Panella 1/15/97 954-4288259 X-102

CR2E037 (9/96)