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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48195 (4)
 1. Corporation Name
FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC



Principal Place of Business 5550 SW 58 CT DAVIE FL 33314 US	Mailing Address PO BOX 848926 PEMBROKE PINES FL 33084 US
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3. Date Incorporated or Qualified 04/03/1992	
4. FEI Number 65-0347751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5041 SW 58 Ct. Suite, Apt. #, etc.	2a. Mailing Address 26
22 DAVIE, FL City & State	27
23 Zip 33314 Country US	28
24	29

9. Name and Address of Current Registered Agent
PANELLA, DARLENE M.
5550 SW 58 CT
DAVIE FL 33314

10. Name and Address of New Registered Agent
 B1 Name **Michele Kitman**
 B2 Street Address (P.O. Box Number is Not Acceptable)
5041 SW 58 Ct.
 B3
 B4 City **DAVIE** FL B5 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 Michele Kitman, DV DATE 3-12-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARSONS, WILLIAMS	
STREET ADDRESS	5713 SW 57 PL	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KITMAN, MICHELE	
STREET ADDRESS	5641 SW 58 CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PANELLA, DARLENE M.	
STREET ADDRESS	5550 SW 58 CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	UMSCHWEIS, LESLIE	
STREET ADDRESS	5542 SW 57 PL	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOWELL, WENDY	
STREET ADDRESS	5623 S.W. 57 PL	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kurt Pauloz	
1.3 STREET ADDRESS	5503 SW 57 PL	
1.4 CITY-ST-ZIP	DAVIE, FL 33314	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joe Mascaro	
2.3 STREET ADDRESS	5513 SW 57 PL	
2.4 CITY-ST-ZIP	DAVIE, FL 33314	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the information 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: Michele Kitman DATE: 3-12-98 954-583-7022

CR2E037 (10/97)