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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48195

1. Corporation Name
FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
5641 SW 58TH COURT DAVIE FL 33314 US	PO BOX 848926 PEMBROKE PINES FL 33084 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5630 S. W. 58 Court	26 P. O. Box 292906	04/03/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0347751 ☐ Applied For ☐ Not Applicable
City & State 23 Davie, Florida	City & State 28 Davie, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33314 25	Zip / Country 29 33329-2906 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SITMAN, MICHELE
5641 SW 58TH COURT
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: Catherine Byrd
82 Street Address (P.O. Box Number is Not Acceptable): 5630 S. W. 58 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: Catherine Byrd 2/2/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PARSONS, WILLIAMS 5713 SW 57 PL DAVIE FL 33314	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director/President Silvio Case 5600 S. W. 58 Court Davie, FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KITMAN, MICHELE 5641 SW 58 CT DAVIE FL 33314	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director/Vice President Ralph Sanchez 5612 SW 57 Place Davie, FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PAULOZ, KURT 5503 SW 57TH PL DAVIE FL 33314	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director/Treasurer Joanne Pauloz 5503 S. W. 57 Place Davie, FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MASCARO, JOE 5513 SW 57TH PLACE DAVIE FL 33314	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director/Secretary Catherine Byrd 5630 SW 58 Court Davie, FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOWELL, WENDY 5623 S.W. 57 PL DAVIE FL 33314	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Jill Martinez 5520 SW 58 Court Davie, FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/2/99 (305) 324-3299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)