

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005039 (3)

1. Corporation Name

THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O UNITED REALTY 8211 W BROWARD BLVD 240 PLANTATION FL 33324 US	Mailing Address C/O UNITED REALTY 8211 W BROWARD BLVD 240 PLANTATION FL 33324 US
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3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 c/o HILOA KARKKOLA Suite, Apt. #, etc. 22 1141 NW 115 AVE City & State 23 PLANTATION FLA Zip 24 33324 Country 25 USA	2a. Mailing Address 26 c/o HILOA KARKKOLA Suite, Apt. #, etc. 27 1141 NW 115 AVE City & State 28 PLANTATION FLA Zip 29 33324 Country 30 USA
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4. FEI Number NOT APPLICABLE	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOSBERG, ANDREW  
8211 W BROWARD BLVD 240  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name HILOA KARKKOLA
82 Street Address (P.O. Box Number is Not Acceptable) 1141 NW 115 AVE
83
84 City PLANTATION FLA
85 State FL
86 Zip Code 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the 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, duly elected, and the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: HILOA KARKKOLA  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, PETER J	
STREET ADDRESS	4570 FALKIRK BAY	
CITY - ST - ZIP	OXNARD CA 93035	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MARX, DAVID	
STREET ADDRESS	55 SOUTH LA CUMBRE RD	
CITY - ST - ZIP	SANTA BARBARA CA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, DOBOSH S	
STREET ADDRESS	12530 WILLES RD	
CITY - ST - ZIP	COROL SPRINGS FL 33076	
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	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MICHAEL DUKE	
13 STREET ADDRESS	2141 S. HIATUS ROAD	
14 CITY - ST - ZIP	DAVIE, FLA 33325	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOSEPH DOBOS	
23 STREET ADDRESS	12530 WILES RD	
24 CITY - ST - ZIP	CORAL SPRINGS, FL. 33076	
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	S, T, D	
33 STREET ADDRESS	HILOA KARKKOLA	
34 CITY - ST - ZIP	1141 NW 115 AVE PLANTATION, FLA 33324	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
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		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael P. Duke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)