

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # N93000005039 (3)
1. Corporation Name
THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O KARKELLA, HILDA 1141 NW 115 AVE PLANTATION FL 33324 US	Mailing Address C/O KARKELLA, HILDA 1141 NW 115 AVE PLANTATION FL 33324 US
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3. Date Incorporated or Qualified 10/11/1993	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 C/o Terry HaBIG Suite, Apt. #, etc.	2a. Mailing Address 26 1081 NW 115 AVE Suite, Apt. #, etc.
22 City & State PLANTATION, FL	27 City & State PLANTATION, FL
23 Zip 33323	25 Country BROWARD
24 Zip 33323	29 Country BROWARD

5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent
**KARKELLA, HILDA
1141 NW 115 AVE
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name Terry HaBIG	
82 Street Address (P.O. Box Number is Not Acceptable) 1081 NW 115 AVE	
83	
84 City plantation	85 Zip Code FL 33323

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 in 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: *[Signature]* DATE: **4-28-98**

12. OFFICERS AND DIRECTORS

TITLE PD	DUKE, MICHAEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2141 S HIATUS RD	DAVIE FL	
TITLE D	DOBOS, JOSEPH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 12530 WILES RD	CORAL SPRINGS FL	
TITLE STD	KARKELLA, HILDA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1141 NW 115 AVE	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MIKE DAVIS	
1.3 STREET ADDRESS 1101 NW 115 AVE	
1.4 CITY-ST-ZIP PLANTATION, FL 33323	
2.1 TITLE VICE PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BEAT KAHLI	
2.3 STREET ADDRESS 1001 NW 115 AVE	
2.4 CITY-ST-ZIP PLANTATION, FL 33323	
3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME TERRY HABIG	
3.3 STREET ADDRESS 1081 NW 115 AVE	
3.4 CITY-ST-ZIP PLANTATION, FL 33323	
4.1 TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME HILDA KARKELLA D	
4.3 STREET ADDRESS 1141 NW 115 AVE	
4.4 CITY-ST-ZIP PLANTATION, FL 33323	
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 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: *[Signature]* **2/23/98**

CRE037 (10/97)