FILE NOW: FILING FEE IS \$61.25

Mailing Address

C/O TERRY HABIG

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000005039

Principal Place of Business

C/O TERRY HABIG

THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC.

1081 NW 115 AVE 1081 NW 115 AVE PLANTATION FL 33234 PLANTATION FL 33234 US US				÷					
 1	Place of Business	2a. Mailing Address	<u></u>			3. Date Incorporated or Qualifed 10/11/1993			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	_ 	lied For	
22		27				NOT APPLICABLE		Applicable	
City & Stat	te	City & State				5. Certificate of Status Desired	\$8.75 Ad Fee Req		
Zip	Country	Zip 29	Cour	ntry		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	, ,	
24	9. Name and Address of Curre		30	-		10. Name and Address of New Registered A			
		Control with the second		81	Name				
	ERRYMBAGAS E 1950 DES	98 ANSONAH W. 87		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	115TH AVE ION FL 33323		ŀ	83	-	2.3			
FLANIAII	IUN FL 33323		}	84	City		85 Zip Co	ode	
A con marchine of	LAWAS	معدين والمحدان المعاور				poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	<u> </u>	1 4011 1151	
SIGNATURE	am familiar with, and accept the oblig	lations of, Section 617.0503, Flor	ida Statu	ites.		on's board of directors. I hereby accept the appoint of when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND		12 (77: 16-4	
TITLE	PD	DELETE	1.1 TIT	LE		\$ 14 E 1888	☐ Change	☐ Addition	
NAME	DAVIS, MIKE		1.2 NA	ME			,		
STREET ADDRESS			1.3 ST	REET	ADDRESS	A STATE OF THE STA	. •		
CITY-ST-ZIP	PLANTATION FL 33323		1.4 CIT	Y-ST	-ZIP				
TITLE	VD .	☐ DELETE	2.1 111	LE			☐ Change	☐ Addition	
NAME	KAHLI, BEAT	•	2.2 NA	ME		• -		1	
STREET ADDRESS			2.3 ST	REET	ADDRESS	:		1	
CITY-ST-ZIP	PLANTATION FL 33323	**************************************	2. 4 CF	TY-\$1	r-ZIP				
TITLE	TD	☐ DELETE	3,1 TIT	LE			Change	☐ Addition	
NAME (35)	KARKELLA, HILDA		3.2 NA					1	
	1141 NW 115 AVE				ADDRESS	** *	•		
CITY-ST-ZIP A		□ DELETE	3.4. CF		r-ZIP		Change	Addition	
TITLE	S	Oereie	4.1 TIT			16.	□ Ontarigo		
NAME G/O TOBY I STREET ADDRESS	HABIG, TERRY 1081 NW 115 AVE	1 () () () () () () () () () (4. 2 NA 4.3 STI		ADORESS				
CITY-ST-ZIP	PLANTATION FL 33323		4.4 CITY-S		-ZIP		e 1	77 10: 691	
TITLE		☐ DELETE	5.1 TIT	lE		•	☐ Change	☐ Addition	
NAME			5.2 NA	ME		,		1	
STREET ADDRESS			1		ADDRESS	,			
CITY-ST-7ID	1 20		5.4 CIT	TY-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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

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PLANTERPOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

305-944-8103

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90014 027 ****61.25