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Jan 22, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

DOCUMENT # N93000005039

1. Corporation Name  
THE LAS ENTRADAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: C/O TERRY HABIG, 1081 NW 115 AVE, PLANTATION FL 33234, US  
Mailing Address: C/O TERRY HABIG, 1081 NW 115 AVE, PLANTATION FL 33234, US



2. Principal Place of Business (21-24), 2a. Mailing Address (26-30), 3. Date Incorporated or Qualified (10/11/1993), 4. FEI Number (NOT APPLICABLE), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (HABIG, TERRY, 1081 NW 115TH AVE, PLANTATION FL 33323), 10. Name and Address of New Registered Agent (81-85)

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Davis, Mike; Kahli, Beat; Karkella, Hilda; Habig, Terry.

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 1-9-98 305-944-8103

CR2E037 (11/98)