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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

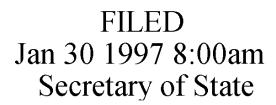
1. Corporation Name

N96000001108 (7)

LAKE KATHERINE PHASE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address





8002 MIAMI LAKES DRIVE MIAMI LAKES FL 33016		8002 MIAMI LAKES DRIVE MIAMI LAKES FL 33016-5814		Date incorporated or Qualified	3a. Date of L	ast Report	
					02/29/1996		
2. Principal Place of Business 2a. Mailing Address				A PPLIED FOR	1	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		#0 7E Additional		Not Applicable	
Suite, Apr. 4, etc.		· ·	10.		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	.75 Additional ee Required
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip 24	Country 25	Ζιρ <b>29</b>	Countr 30	у		Yes No	der s. 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
BRITO, LEONARDO F PA 8002 MIAMI LAKES DRIVE			62	Street Add	Address (P.O. Box Number is Not Acceptable)		
	AKES FL 33016		83				*
•			84	City		<b>85</b>	Zip Code
		0 - 1 017 1500 51 11 01		1	poration submits this statement for the pation's board of directors. I hereby accept	FL  °°	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	IOTE: Registered Ac	jent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	D OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Ch	
NAME	LAROSA, ANDREW		1,2 NAME				
STREET ADDRESS	8002 MIAMI LAKES DRIVE		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	MIAMI LAKES FL 33016		1.4 CITY-	ST-ZIP		·	· · · · · · · · · · · · · · · · · · ·
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NAME OFFICE ADDRESS	TORRE, VENANCIO 8002 MIAMI LAKES DRIVE		2.2 NAME	i i			
STREET ADDRESS CITY-ST-ZIP	MIAMI LAKES FL 33016		2.3 STREE	T ADDRESS			
TITLE	D	DELETE	3.1 TITLE			□ cr	nange Additio
NAME	EDELMAN, KENNETH		3.2 NAME				
STREET ADORESS	8002 MIAMI LAKES DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016	Telephone	3.4. CITY-				
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NAME			5.2 NAME	i			// \.
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CITY-ST-ZIP			5.4 CITY	ST-ZIP			' !!
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NAME			6.2 NAME		10000207	უეე1	
STREET ADDRESS		,		et-address	***61.25	) UUL	
CITY-ST-ZIP		•	6.4 CITY	ST-ZIP	<b>ででかり↓。∠</b> ○		

4. I do 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 of the receiver or fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapted or on an attachment with an address.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fon 9, 1997 (305) 623-3987
Days me Priore # 0023348