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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000002608 (4)
1. Corporation Name
L'HERMITAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 3400 NE 34TH STREET SUITE 100 FT LAUDERDALE FL 33308
Mailing Address: 3400 NE 34TH STREET SUITE 100 FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 05/23/1997
4. FEI Number: 65-0787263
Applied For: Not Applicable:

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SVS INC
777 S FLAGLER DR STE 500
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent
81 Name: WILLIAM K. ISAACSON
82 Street Address (P.O. Box Number is Not Acceptable): 5295 TOWN CENTER ROAD
83 BOCA RATON FL 33486
84 City: BOCA RATON FL 85 Zip Code: 33486

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]* DATE: 4/4/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLOFSKY, HOWARD	
STREET ADDRESS	11781 S W 9 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BURSTEIN, ROBERT	
STREET ADDRESS	11781 S W 9 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RICHTER, SAM	
STREET ADDRESS	2900 N MILITARY TR STE 201 SO	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 of an attachment with an address.

SIGNATURE: *[Signature]* ROBERT BURSTEIN 2-17-98 (954) 568-4118

CPRE037 (10/97)