

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90149 035 \*\*\*\*70.00



**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # N97000002608**

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



2. Principal Place of Business 21 <b>3200 N. Ocean Blvd</b>	2a. Mailing Address 26 <b>3200 N. Ocean Blvd</b>	3. Date Incorporated or Qualified <b>05/23/1997</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0787263</b>
City & State 23 <b>Ft. Lauderdale, FL</b>	City & State 28 <b>Ft. Lauderdale, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33308</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29 <b>USA</b>	Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent <b>ISAACSON, WILLIAM K C/O LANG MANAGEMENT CO INCV 5295 TOWN CENTER RD BOCA RATON FL 33486</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
---	---

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOLOFSKY, HOWARD</b>		1.2 NAME <b>Feller, Arthur</b>	
STREET ADDRESS <b>11781 S W 9 CT</b>		1.3 STREET ADDRESS <b>3200 N. Ocean Blvd</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>		1.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33308</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Vice President VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BURSTEIN, ROBERT</b>		2.2 NAME <b>Jones, Jack</b>	
STREET ADDRESS <b>11781 S W 9 CT</b>		2.3 STREET ADDRESS <b>3200 N Ocean Blvd</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>		2.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33308</b>	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Treasurer STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RICHTER, SAM</b>		3.2 NAME <b>David, Abe</b>	
STREET ADDRESS <b>2900 N MILITARY TR STE 201 SO</b>		3.3 STREET ADDRESS <b>3100 N Ocean Blvd</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>		3.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33308</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>Secretary USD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Astor, Mike</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>3100 N Ocean Blvd</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33308</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (954) 375-3900  
 Date Daytime Phone #

CR2E037 (11/98)