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CORPORATION ANNUAL REPORT 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748854 (7)

1. Corporation Name

EAST LAKES IN PEMBROKE PINES HOMEOWNERS ASSOCIAT ION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9732 N.W. 16TH COURT<br>PEMBROKE PINES FL 33024 | 9732 N.W. 16TH COURT<br>PEMBROKE PINES FL 33024 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1979
3a. Date of Last Report: 02/18/1994
4. FEI Number: ~~NOT APPLICABLE~~ 59-1937047 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF
311 STIRLING RD
EMERALD LK CORP PARK
HOLLYWOOD FL 33312-3525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SMITH, FRANK | 12 NAME | |
| STREET ADDRESS | 1650 NW 97TH WAY | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | LOMBARDO, JOHN | 22 NAME | |
| STREET ADDRESS | 1600 NW 98TH WAY | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 24 CITY-ST-ZIP | |
| TITLE | TD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | EVANS, DORIS | 32 NAME | |
| STREET ADDRESS | 9725 NW 16TH COURT | 33 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 34 CITY-ST-ZIP | |
| TITLE | SD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ROBINSON, RAYMOND | 42 NAME | |
| STREET ADDRESS | 9679 NW 15TH COURT | 43 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 44 CITY-ST-ZIP | |
| TITLE | DD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | DESANTIS, JOHN | 52 NAME | |
| STREET ADDRESS | 1630 NW 98TH TERRACE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 with an asterisk, or on an attachment with an asterisk.

SIGNATURE: Frank J. Smith 2/22/95 305-432-6888
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone Number
FRANK J. SMITH

0030515