FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725206 (7)

1. Corporation Name
STAR LAKE NORTH COMMODORE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19305 N.E. SECOND AVENUE MIAMI FL 33179	19305 N.E. SECOND AVENUE MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1973
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1484489 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TUNSTALL, DAISY
19305 N.E. 2ND AVE
MIAMI FL 33179

10. Name and Address of New Registered Agent

31 Name: Milan Vlasak
32 Street Address (P.O. Box Number is Not Acceptable): 19305 NE 2nd Avenue, Apt. 2305
33: Starlake North Commodore
34 City: North Miami Beach FL 35 Zip Code: 33179

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TUNSTALL, DAISY	1.2 NAME	VLASAK, MILAN	
STREET ADDRESS	19305 NE 2ND AVE.	1.3 STREET ADDRESS	19305 NE 2ND AVE., Apt. 2316	
CITY-ST-ZIP	MIAMI, FL 33179	1.4 CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	VP	2.1 TITLE	T	☒ Change ☐ Addition
NAME	LOWELL, PHILLIP	2.2 NAME	SMALL, ETHEL	
STREET ADDRESS	19305 NE 2ND AVE.	2.3 STREET ADDRESS	19305 NE 2nd Avenue, Apt. 2305	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	D	3.1 TITLE	T	☒ Change ☐ Addition
NAME	LEWIS, LORRAINE	3.2 NAME	LEWIS, LORRAINE	
STREET ADDRESS	19305 NE 2ND AVENUE	3.3 STREET ADDRESS	19305 NE 2ND AVE., Apt. 2319	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), 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.

SIGNATURE: Milan Vlasak 1-20-95 651-7490
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

004764