

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N16448** (5)

1. Corporation Name

THE HOMES AT LAKE RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O UNITED REALTY MANAGEMENT CORP.
8211 W. BROWARD BLVD., #240
PLANTATION FL 33324

C/O UNITED REALTY MANAGEMENT CORP.
8211 W. BROWARD BLVD., #240
PLANTATION FL 33324

3. Date Incorporated or Qualified
08/20/1986

3a. Date of Last Report
03/20/1995

2. Principal Place of Business
21 **C/O UNITED REALTY**

2a. Mailing Address
26 **C/O UNITED REALTY**

4. FEI Number
59-2727779

Applied For
Not Applicable

22 **3300 UNIV. DRIVE #405**

27 **3300 UNIV DRIVE #405**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **CORAL SPRINGS FL**

28 **CORAL SPRINGS FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33065**

29 **33065**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERES, JERRY
8211 W. BROWARD BOULEVARD
SUITE 240
PLANTATION FL 33324

81 Name **JERRY VERES**

82 Street Address (P.O. Box Number is Not Acceptable)
593 LAKESIDE CIRCLE

83

84 City **SUNRISE**

FL 85 Zip Code **33324**

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, 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 **PO** ☐ DELETE
NAME **VERES, JERRY**
STREET ADDRESS **8211 W. BROWARD BLVD. #240**
CITY-ST-ZIP **PLANTATION FL 33324**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **593 LAKESIDE CIRCLE**
1.4 CITY-ST-ZIP **SUNRISE FL 33326** ☐ Change ☐ Addition

TITLE **DS** ☐ DELETE
NAME **PASNICK, MARYLOU**
STREET ADDRESS **597 LAKESIDE CIRCLE**
CITY-ST-ZIP **SUNRISE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **OLIN, RICHARD**
STREET ADDRESS **8211 W. BROWARD BLVD. #240**
CITY-ST-ZIP **PLANTATION FL 33324**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D RALPH STUBIE**
3.3 STREET ADDRESS **571 LAKESIDE CIRCLE**
3.4 CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **TD** ☐ DELETE
NAME **INGRAH, JEAN**
STREET ADDRESS **8211 W. BROWARD BLVD. #240**
CITY-ST-ZIP **PLANTATION FL 33324**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **555 LAKESIDE CIRCLE**
4.4 CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **D** ☐ DELETE
NAME **GREGORY, RONALD**
STREET ADDRESS **505 LAKESIDE CIRCLE**
CITY-ST-ZIP **SUNRISE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)