

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N28263 (4)
1. Corporation Name
LAKE CHARLESTON MAINTENANCE ASSOCIATION, INC.Principal Place of Business
4000 SOUTH 57TH AVENUE
SUITE 101
LAKE WORTH FL 33463
US
Mailing Address
4000 SOUTH 57TH AVENUE
SUITE 101
LAKE WORTH FL 33463-4396
US3. Date Incorporated or Qualified
09/09/1988
3a. Date of Last Report
06/22/19962. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0119228
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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

~~ROHED, JONATHAN~~
6862 HATTERAS DR.
LAKE WORTH FL 3346781 Name Brad Cline
82 Street Address (P.O. Box Number is Not Acceptable)
7500 LADSON TERR.
83
84 City Lake Worth FL 85 Zip Code 33467

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 Bradley Cline Brad Cline 1/28/97
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DITTLE, BRIAN	
STREET ADDRESS	7481 LADSON TERRACENT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, BILL	
STREET ADDRESS	7830 ARDWICK DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOWO, STEVE	
STREET ADDRESS	1800 SOUTH AUSTRALIAN AVENUE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, LYNCH	
STREET ADDRESS	600 W HILLSBOROR BLV #101	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, BILL	
STREET ADDRESS	7630 ARDWICK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLINE, BRAD	
1.3 STREET ADDRESS	7500 LADSON TERRACE	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAHN, ROBERT	
2.3 STREET ADDRESS	6822 SUGARLOAF KEY STREET	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SYRLIK, DOREEN GALE	
3.3 STREET ADDRESS	7249 COPPITT KEY STREET	
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KAPLAN, JULES A.	
4.3 STREET ADDRESS	7265 SHELL RIDGE TERRACE	
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CLARK, GENE	
5.3 STREET ADDRESS	7589 EDISTO DRIVE	
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
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 do 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 and changed, or on an attachment with an address.

SIGNATURE: Bradley Cline ROHED Cline 1/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043863

CR2E037 (9/96)