

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 748854 (7)**  
1. Corporation Name  
**EAST LAKES IN PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>9732 N.W. 16TH COURT PEMBROKE PINES FL 33024</b>	Mailing Address <b>9732 N.W. 16TH COURT PEMBROKE PINES FL 33024-4451</b>
--	---

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>09/11/1979</b>		3a. Date of Last Report <b>02/14/1996</b>	
				4. FEI Number <b>59-1937067</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

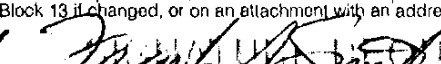
9. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF 311 STIRLING RD EMERALD LK CORP PARK HOLLYWOOD FL 33312-3525</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, FRANK			1.2 NAME			
STREET ADDRESS	1650 NW 97TH WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHERMEL, KEN			2.2 NAME			
STREET ADDRESS	9831 NW 16TH COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, DORIS			3.2 NAME			
STREET ADDRESS	9725 NW 16TH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, RAYMOND			4.2 NAME			
STREET ADDRESS	9679 NW 15TH COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			4.4 CITY-ST-ZIP			
TITLE	DD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DESANTIS, JOHN			5.2 NAME			
STREET ADDRESS	1630 NW 98TH TERRACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			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 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 if changed, or on an attachment with an address.

SIGNATURE:  **✓** **1954/1437-10888**

CR2E037 (9/96)