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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738893

(7)

LAKERIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

FILED Jan 15 1998 8:00am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be	Principal Plac	e of Business	Maili	ing Address											
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name ROBERT J. TIESO ESO 6950 CVPRESS RD. STE 101 PLANTATION FL 33317 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 differ or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered difference or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Scotion 617.8036, Florida Statutes. SIGNATURE SIGNATURE TITLE OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 PLEASETH, CHRISTIAN 451 SW 71 PLACE INTEL INTEL VP DELETE 1.1 TITLE VP DELETE 1.3 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS		Country		in .	Cour	tn.			<u> </u>						
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CITY-ST-ZIP MIAMI FL 14. I hereby certify that the information supplied with his fling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and the report is defined 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 report of trusted employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Plant 13 or Plant 14	STREET ADDRESS				6.3 STR	EET A	ADDRESS								
14. I hereby certify that the information supplied with this ling 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 report is the 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 region of trusted endodors. Plant 13 or Florida Statutes; and that my name appears in the state of the corporation of the region of the same appears in the same legal effect as if made under oath; that I am an officer or director of the corporation or the region of trusted endodors.	CITY-ST-ZIP	MIAMI FL		,	6.4 CITY	'-ST-	-ZiP								
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SIGNATURE:

HE AND TYPED OR BEINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mosen

1/7/98

Daytime Phone # ...

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