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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748854 (7)

1. Corporation Name

EAST LAKES IN PEMBROKE PINES HOMEOWNERS ASSOCIAT  
ION, INC.

Principal Place of Business

Mailing Address

9732 N.W. 16TH COURT  
PEMBROKE PINES FL 33024

9732 N.W. 16TH COURT  
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified

09/11/1979

4. FEI Number

59-1937067

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF  
311 STIRLING RD  
EMERALD LK CORP PARK  
HOLLYWOOD FL 33312-3525

81 Name

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

83

84 City

FL

85 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

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 SMITH, FRANK 1650 NW 97TH WAY PEMBROKE PINES FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S ROTHERMEL, KEN 9831 NW 16TH COURT PEMBROKE PINES FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD EVANS, DORIS 9725 NW 16TH COURT PEMBROKE PINES FL	3.1 TITLE	TD
NAME		3.2 NAME	OMARA, HILDEGARD
STREET ADDRESS		3.3 STREET ADDRESS	9719 NW 16 CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	V ROBINSON, RAYMOND 9679 NW 15TH COURT PEMBROKE PINES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DD DESANTIS, JOHN 1630 NW 98TH TERRACE PEMBROKE PINES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 address.

SIGNATURE:

*Frank J. Smith*

FRANK J. SMITH 1/7/98 954/432-6888

CR2E037 (10/97)