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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N27733 (7)

1. Corporation Name

THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION  
, INC.



Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO  
5295 TOWN CENTER ROAD #200  
BOCA RATON FL 33486

C/O LANG MANAGEMENT CO.  
5295 TOWN CENTER ROAD #200  
BOCA RATON FL 33486

3. Date Incorporated or Qualified

08/03/1988

4. FEI Number

65-0085121

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

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WM. K.  
C/O MANAGEMENT CO. INC.  
5295 TOWN CENTER SUITE 200  
BOCA RATON FL 33486

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

TITLE SD  
NAME FOIZ, HAROLD  
STREET ADDRESS 5871 BRIDLEWAY CIR  
CITY-ST-ZIP BOCA RATON FL

TITLE D  
NAME ROBINSON, LEONARD  
STREET ADDRESS 17278 BRIDLEWAY TRAIL  
CITY-ST-ZIP BOCA RATON FL

TITLE D  
NAME SAGINOR, DAVID  
STREET ADDRESS 5880 BRIDLEWAY CIR  
CITY-ST-ZIP BOCA RATON FL

TITLE PD  
NAME RASSLER, H. STANLEY  
STREET ADDRESS 17278 BRIDLEWAY TRAIL  
CITY-ST-ZIP BOCA RATON FL

TITLE VD  
NAME WHITE, HENRY  
STREET ADDRESS 5030 CHAMPION BLVD STE 6-293  
CITY-ST-ZIP BOCA RATON FL

TITLE TD  
NAME SCHUPAK, LAWRENCE  
STREET ADDRESS 5470 BRIDLEWAY CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33496

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME FOLZ  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 an address.

SIGNATURE:

*[Signature]*

Date

Daytime Phone #

CR2E037 (10/97)