## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # N97000003954 (1)

Principal Place of Business Mailing Address									
						- I CONTICUE BIR INIII SOBII ORIII ORIFI ORFII O	ANN <b>ABIDA</b> HISIN L <b>AIN</b> L	Milat Albi (Albi	
5295 TOWN C	5295 TOWN CENTER ROA	<b>ID</b>			3. Date Incorporated or Qualified				
SUITE 200 SUITE 200						07/10/1997	/	,	
BOCA RATON FL 33486 BOCA RATON FL 33486						4. FEI Number		pplied For	
								ot Applicable	
2. Principal Place of Business		2a. Mailing Address	<del></del>			5. Certificate of Status Desired	\$8.75	Additional equired	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt.					6. Election Campaign Financing	\$5.00	May Be	
22		27				Trust Fund Contribution	Added t	o Fees	
City & Stat 23		City & State	28			7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip	Country 25	Zip 29	Countr 30	У		This corporation owes or has paid the Personal Property Tax due June 30.	Yes [	tangible No	
	9. Name and Address of Curr	rent Registered Agent		,		10. Name and Address of New Registe	red Agent		
			81	Nar	ne				
ISAACSON, WILLIAM K % LANG MANAGEMENT COMPANY			62	Stre	et Addre	ss (P.O. Box Number is Not Acceptable)			
5295 TOWN CENTER ROAD SUITE 200				3					
BOCA RATON FL 33486				City			<b> 65 Z</b> ip	Code	
	a.			],			FLITT	-	
SIGNATURE	Signature, typed or printed name of registered					ration submits this statement for the purpoin's board of directors. I hereby accept the			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	PD DELETE		1.1 TITLE	1.1 TITLE			☐ Change	Addition Addition	
NAME	<b>B</b> RUNER, TOM		1.2 NAME						
STREET ADDRESS	4150 WYCLIFFE COUNTRY	CLUB BLVD.	1.3 STREE	T ADDRE	SS				
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY -	1.4 CITY - ST - ZIP					
TITLE	<b>VD</b> □ DELETE		2.1 TITLE	2.1 TITLE			☐ Change	Addition Addition	
NAME	WALSH, NANCY		2.2 NAME						
STREET ADDRESS	4150 WYCLIFFE COUNTRY	CLUB BLVD.	2.3 STREE	T ADDRE	ss				
CITY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY-	ST-ZIP					
TITLE	81D	DELETE	3.1 TITLE				Change	Addition	
NAME	BORG, DEAN J	CLUB BLVD	3.2 NAME						
STREET ADDRESS	4150 WYCLIFFE COUNTRY	CLUD BLVD.	3.3 STREE		SS				
CITY-ST-ZIP	LAKE WORTH FL 33467			3.4. City-ST-ZIP 4.1 Title			Change	☐ Addition	
NAME		- OFTER	4.1 (IILE 4. 2 NAME	-	i			רוטואטטיה נייי	
STREET ADDRESS			4.3 STREE		,53				
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE	51- ZIP	<del></del>		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE						
O'LUCE I WOUNESS !			■ ON STREE	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	JO				

14. Thereby 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 deriporation or the report 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 giranged, or on an advantage with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/21/98

Addition

**FILED** 

Jun 25 1998 8:00am

Secretary of State