

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90013 032 \*\*\*\*61.25

0021966

**DOCUMENT # N36151**

1. Corporation Name

**LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

C/O D C I  
2901 SIMMS ST  
HOLLYWOOD FL 33020

Mailing Address

C/O D C I  
2901 SIMMS ST  
HOLLYWOOD FL 33020



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/18/1990

4. FEI Number

59-1730943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MEYROWITZ, ANDREW**  
C/O D C I  
2901 SIMMS ST  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE  
NAME **BOEGLIN, WERNER**  
STREET ADDRESS **8801 N W 189 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ DELETE  
NAME **GARCIA, JUAN**  
STREET ADDRESS **9129 NW 192 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PD** ☐ DELETE  
NAME **FERNANDEZ, GEORGE**  
STREET ADDRESS **9071 NW 190TH ST**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SD** ☐ DELETE  
NAME **FLUHART, CYNTHIA**  
STREET ADDRESS **8741 NW 189 TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **MYLES, MICCHARL**  
STREET ADDRESS **18721 NW 88 CCT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **CANCIO, HUGO**  
STREET ADDRESS **8757 NW 189TH TERR**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☐ Change ☒ Addition  
1.2 NAME **Garcia, Leopoldo**  
1.3 STREET ADDRESS **8985 NW 188th Terrace**  
1.4 CITY-ST-ZIP **Miami, FL 33015**

2.1 TITLE **TD** ☐ Change ☒ Addition  
2.2 NAME **Gonzalez, Pedro**  
2.3 STREET ADDRESS **8986 NW 188th Terrace**  
2.4 CITY-ST-ZIP **Miami, FL 33015**

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)