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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748854

1. Corporation Name

EAST LAKES IN PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

269140 - 90048 - 30



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/11/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1937067	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	JDV JIM MAYOL
NAME	SMITH, FRANK	1.2 NAME	1654 N.W. 96 AVE
STREET ADDRESS	1650 NW 97TH WAY	1.3 STREET ADDRESS	PEMBROKE PINES, FL 33024
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	D ELLIOTT GERSTEIN
NAME	ROTHERMEL, KEN	2.2 NAME	1641 N.W. 98 WAY
STREET ADDRESS	9694 NW 16TH COURT	2.3 STREET ADDRESS	PEMBROKE PINES, FL 33024
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	OMARA, HILDEGARD	3.2 NAME	
STREET ADDRESS	9719 NW 16TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	ROBINSON, RAYMOND	4.2 NAME	
STREET ADDRESS	9679 NW 15TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	DD	5.1 TITLE	
NAME	DESANTIS, JOHN	5.2 NAME	
STREET ADDRESS	1630 NW 98TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME	JIM MAYOL	6.2 NAME	
STREET ADDRESS	1654 NW 96 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

431-1889

Daytime Phone

CR2E037 (1/98)