


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90149 035 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000002608</b>					
1. Corporation Name <b>L'HERMITAGE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>3400 NE 34TH STREET          SUITE 100          FT LAUDERDALE FL 33308</b>			Mailing Address <b>3400 NE 34TH STREET          SUITE 100          FT LAUDERDALE FL 33308</b>		



2. Principal Place of Business <b>21 3200 N. Ocean Blvd</b>		2a. Mailing Address <b>26 3200 N. Ocean Blvd</b>		3. Date Incorporated or Qualified <b>05/23/1997</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0787263</b>	
City & State <b>23 Ft. Lauderdale, FL</b>		City & State <b>28 Ft. Lauderdale, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33308</b>		Zip <b>29 33308</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>ISAACSON, WILLIAM K          C/O LANG MANAGEMENT CO INCV          5295 TOWN CENTER RD          BOCA RATON FL 33486</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLOFSKY, HOWARD	1.2 NAME	Feller, Arthur
STREET ADDRESS	11781 S W 9 CT	1.3 STREET ADDRESS	3200 N. Ocean Blvd
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURSTEIN, ROBERT	2.2 NAME	Jones, Jack
STREET ADDRESS	11781 S W 9 CT	2.3 STREET ADDRESS	3200 N Ocean Blvd
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHTER, SAM	3.2 NAME	David, Abe
STREET ADDRESS	2900 N MILITARY TR STE 201 SO	3.3 STREET ADDRESS	3100 N Ocean Blvd
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <b>USD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Astor, Mike
STREET ADDRESS		4.3 STREET ADDRESS	3100 N Ocean Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 an address, with all other like empowered.

SIGNATURE:

**NOT REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (954) 375-3900  
 Date Daytime Phone #

CR2E037 (11/98)