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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 741324

1. Corporation Name

LA PLACIDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10683 NW LAPLACIDA DR
CORAL SPRINGS FL 33065

Mailing Address

10683 NW LAPLACIDA DR
CORAL SPRINGS FL 33065



2. Principal Place of Business

21 7280 W. Palmetto Park Road

2a. Mailing Address

26 7280 W. Palmetto Park Road

3. Date Incorporated or Qualified

01/11/1978

Suite, Apt. #, etc.

22 Suite 306N

Suite, Apt. #, etc.

27 Suite 306N

4. FEI Number

59-2128996

Applied For

Not Applicable

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 33433

Country

25 USA

Zip

29 33433

Country

30 USA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ARCHER, KAY

10683 NW LAPLACIDA DR.

CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

Emile Sabya

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Beaver Properties, Inc.

83 **7280 W. Palmetto Park Road, Suite 306N**

84 City

Boca Raton,

FL

85 Zip Code

33433

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 **Emile Sabya, Director/Treasurer** **04/09/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **VAUGHN, WENDY**
STREET ADDRESS **10620 N.W. LAPLACIDA DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **TD** ☒ DELETE
NAME **ARCHER, KAY**
STREET ADDRESS **10683 NW LAPLACIDA DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **P** ☐ DELETE
NAME **POWERS, MICHAEL**
STREET ADDRESS **10567 N.W. LAPLACIDA DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **V** ☐ DELETE
NAME **MCCALUM, ERIC**
STREET ADDRESS **10559 N.W. LAPLACIDA DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **O'MALLEY, CAROLYN**
STREET ADDRESS **10527 N.W. LAPLACIDA DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **LAY, CORAY J**
STREET ADDRESS **10591 N.W. LAPLACIDA DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☐ Change ☒ Addition
1.2 NAME **Dan Zukowski**
1.3 STREET ADDRESS **2898 University Drive**
1.4 CITY-ST-ZIP **Coral Springs, FL 33065**

2.1 TITLE **DS** ☐ Change ☒ Addition
2.2 NAME **Richard Piasecki**
2.3 STREET ADDRESS **10543 La Placida Drive**
2.4 CITY-ST-ZIP **Coral Springs, FL 33065**

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

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

5.1 TITLE **DT** ☐ Change ☒ Addition
5.2 NAME **Emile Sabya**
5.3 STREET ADDRESS **7280 W. Palmetto Park Road, Suite 306N**
5.4 CITY-ST-ZIP **Boca Raton, FL 33433**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **George Sabya**
6.3 STREET ADDRESS **7280 W. Palmetto Park Road, Suite 306N**
6.4 CITY-ST-ZIP **Boca Raton, FL 33433**

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

04/09/99

(561) 392-2777

Date

Daytime Phone #

CR2E037-(11/98)