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Apr 26, 1999 8:00 am
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 # N 27733 0K

1. Corporation Name

THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business C/O LANG MANAGEMENT CO 5295 TOWN CENTER RD #200 BOCA RATON, FL 33486	Mailing Address C/O LANG MANAGEMENT CO 5295 TOWN CENTER RD, #200 BOCA RATON, FL 33486
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21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a 2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3 3. Date Incorporated or Qualified 08/03/1988 4 4. FEI Number 65-0085121 5 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WM. K.
C/O LANG MANAGEMENT CO.
5295 TOWN CENTER RD, SUITE 200
BOCA RATON, FL 33486

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOIZ, HAROLD	12 NAME	
STREET ADDRESS	5871 BRIDLEWAY CIR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	33496
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	VP, D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, LEONARD	22 NAME	
STREET ADDRESS	17276 BRIDLEWAY TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	33496
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGINOR, DAVID	32 NAME	HELLMAN, MAYNARD
STREET ADDRESS	5880 BRIDLEWAY CIR	33 STREET ADDRESS	17270 BRIDLEWAY TRAIL
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASSLER, H. STANLEY	42 NAME	GOLD BLATT, DAVID
STREET ADDRESS	17278 BRIDLEWAY TRAIL	43 STREET ADDRESS	5841 BRIDLEWAY CIRCLE
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VD <input checked="" type="checkbox"/> DELETE	51 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, HENRY	52 NAME	PREVER, NAOMI
STREET ADDRESS	5030 CHAMPION BLVD STE 6-293	53 STREET ADDRESS	5791 BRIDLEWAY CIRCLE
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	TD <input checked="" type="checkbox"/> DELETE	61 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUPAK, LAWRENCE	62 NAME	SANFORD, SANDY
STREET ADDRESS	5470 BRIDLEWAY CIRCLE	63 STREET ADDRESS	5750 BRIDLEWAY CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496	64 CITY-ST-ZIP	BOCA RATON, FL 33496

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. Stanley Ressler 4/15/99

(901) 241-2374