

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 725206

1. Corporation Name

STAR LAKE NORTH COMMODORE ASSOCIATION, INC.

Principal Place of Business
19305 N.E. SECOND AVENUE
MIAMI FL 33179

Mailing Address
19305 N.E. SECOND AVENUE
MIAMI FL 33179

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 050 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/08/1973

4. FEI Number

59-1484489

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

ROLLE-BREA, ETHERIA
19305 NE 2ND AVE
#2315, STARLAKE NORTH COMMODORE
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name Lewis Lorraine

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

19305 NE 2nd Avenue #2319

83 North Miami

84 City

FL 85 Zip Code
33179

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 DP
NAME GUILLERMO, ZAMUDIO
STREET ADDRESS 19305 N E 2ND AVENUE, APT 2310
CITY-ST-ZIP MIAMI FL 33179

TITLE T
NAME SMALL, ETHEL
STREET ADDRESS 19305 N.E. 2ND AVE #2305
CITY-ST-ZIP MIAMI FL 33179

TITLE TR
NAME LEWIS, LORRAINE
STREET ADDRESS 19305 NE 2ND AVE, #2319
CITY-ST-ZIP N MIAMI BEACH FL

TITLE T
NAME SMAL, ETHEL
STREET ADDRESS 19305 N E 2ND AVENUE, #2305
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE T
NAME LEWIS, LORRAINE
STREET ADDRESS 19305 NE 2ND AVENUE, #2319
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. President
1.2 NAME Lewis, Lorraine
1.3 STREET ADDRESS 19305 N.E 2nd Avenue Apt. 2319
1.4 CITY-ST-ZIP Miami, FL 33179

2.1 TITLE Tr. Treasurer
2.2 NAME Ethel Small
2.3 STREET ADDRESS 19305 NE 2nd Avenue Apt 2305
2.4 CITY-ST-ZIP Secretary -

3.1 TITLE Sec. Muller, Nancy
3.2 NAME
3.3 STREET ADDRESS 19305 N.E 2nd Avenue Apt. 2311
3.4 CITY-ST-ZIP Miami, FL 33179

4.1 TITLE VP Vice President
4.2 NAME Santos, Sonia
4.3 STREET ADDRESS 19305 N.E 2nd Avenue
4.4 CITY-ST-ZIP Miami, FL 33179 Apt. 2303

5.1 TITLE Asst. T Asst. Treasurer
5.2 NAME Ahing, Gerard
5.3 STREET ADDRESS 19305 NE 2nd Avenue Apt. 2307
5.4 CITY-ST-ZIP Miami, FL 33179

6.1 TITLE
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: *Ch...* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/99)