

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713839 (9)**  
1. Corporation Name  
**LAKE ROGERS ASSOCIATION, INC.**



Principal Place of Business <b>621 NE 32ND ST BOCA RATON FL 33431 US</b>	Mailing Address <b>821 NE 32ND ST BOCA RATON FL 33431-6920 US</b>
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3. Date Incorporated or Qualified <b>12/21/1967</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**DESMOND, CHARLES T. II  
821 NE 32ND ST  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESMOND, CHARLES T. II</b>	1.2 NAME	
STREET ADDRESS	<b>821 NE 32ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINKER, DEBBIE</b>	2.2 NAME	
STREET ADDRESS	<b>881 NE 32ND ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOLDEN, GENE</b>	3.2 NAME	
STREET ADDRESS	<b>798 NE. 35 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MEL</b>	4.2 NAME	
STREET ADDRESS	<b>841 NE 32ND STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGGIAN, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>3450 NE 6TH DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, SALLY</b>	6.2 NAME	
STREET ADDRESS	<b>3850 NE 6TH DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Charles T. Desmond II* **CHARLES T. DESMOND II** Date: **3/27/97** 561 361-8717

CR2E037 (9/96)