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02-26-1999 90005 014 ****61.25

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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 # 713839

1. Corporation Name
LAKE ROGERS ASSOCIATION, INC.

Principal Place of Business 3598 N.E. 6TH DR BOCA RATON FL 33431 US	Mailing Address 3598 N.E. 6TH DR BOCA RATON FL 33431 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 12/21/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMS, ROGER 3598 N.E. 6TH DR BOCA RATON FL 33431		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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: *Roger Sims* DATE: 1-14-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T SIMS, ROGER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3598 N.E. 6TH DR	1.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000 33431	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP SAELINGER, DIANE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	751 N.E. 39TH ST	2.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000 33431	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D FOLDEN, GENE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	798 NE. 35 ST.	3.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D RASTO, ANDRE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3750 N.E. 6TH DR	4.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000 33431	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P REGGIAN, RICHARD	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3450 NE 6TH DR	5.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S RING, LOIS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3800 N.E. 6TH DR	6.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000 33431	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: *Roger Sims* SIGNATURE REQUIRED 1-14-99 561-368-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)