

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$134 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 20 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716238

(1)

1. Corporation Name

LAKE HOUSE SOUTH ASSOCIATION, INC.

Principal Place of Business

875 E. CAMINO REAL
BOCA RATON FL 33432

Mailing Address

875 E. CAMINO REAL
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1969

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1311341

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525

10. Name and Address of New Registered Agent

61 Name

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

63

64 City

FL

65 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	GILSON, CHRISTOPHER, C	875 E CAMINO REAL	BOCA RATON, FL 00000
V	HARWOOD, NATHANEL	875 E CAMINO REAL	BOCA RATON, FL 00000
S	ADAMS, NATHAN K HARRIS, JEAN	875 E CAMINO REAL	BOCA RATON, FL 00000
T	HARWOOD, NATHANEL	875 E. CAMINO REAL	BOCA RATON FL
D	OUSSANI, JAMES, J. AKSR	875 E CAMINO REAL	BOCA RATON FL
D	MCDERMOTT, EDWARD A	875 E. CAMINO REAL	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

6/5/95

Date

707-315-0534

Daytime Phone