

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
03/20/1969

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

4. FEI Number
59-1311341

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**

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

81 Name **ANTHONY TIRELLA**
82 Street Address (P.O. Box Number is Not Acceptable)
875 E. CAMINO REAL
83
84 City **BOCA RATON** **FL** **85** Zip Code **33433**

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 *Anthony Tirella, mgr./United Realty, Inc.* **4/19/96**
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	P	<input type="checkbox"/> DELETE
NAME	GILSON, CHRISTOPHER, C	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARWOOD, NATHANIEL	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, JEAN	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARWOOD, NATHANIEL	
STREET ADDRESS	875 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUSSANI, JAMES, SR.	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, EDWARD A	
STREET ADDRESS	875 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN BIRKOFFER
2.3 STREET ADDRESS	875 E CAMINO REAL #16H
2.4 CITY-ST-ZIP	BOCA RATON FL 33433
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL ARMOURIN
4.3 STREET ADDRESS	875 E CAMINO REAL #12-H
4.4 CITY-ST-ZIP	BOCA RATON FL 33433
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V, D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T O JAMES RAFTER
6.3 STREET ADDRESS	875 E CAMINO REAL #10
6.4 CITY-ST-ZIP	BOCA RATON FL 33433

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 199.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Christopher C. Gilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

Date

Ph. 395-0854

Office Phone #

CR2E037 (12/95)