

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33432-6356
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3. Date Incorporated or Qualified 03/20/1969	3a. Date of Last Report 04/26/1996
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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 <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIRELLA, ANTHONY
875 E. CAMINO REAL
BOCA RATON FL 33433**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILSON, CHRISTOPHER, C	1.2 NAME	Alan Morrison
STREET ADDRESS	875 E CAMINO REAL	1.3 STREET ADDRESS	875 E Camino Real, #10-C
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRKOFER, JOHN	2.2 NAME	Norman Wolgin
STREET ADDRESS	875 E. CAMINO REAL #18H	2.3 STREET ADDRESS	875 E Camino Real, #12A
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JEAN	3.2 NAME	Lucille Zawilli
STREET ADDRESS	875 E CAMINO REAL	3.3 STREET ADDRESS	875 E. Camino Real, #14G
CITY-ST-ZIP	BOCA RATON, FL 00000	3.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOUDLIN, MICHAEL	4.2 NAME	
STREET ADDRESS	875 E CAMINO RAL #12-H	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUSSANI, JAMES, SR.	5.2 NAME	
STREET ADDRESS	875 E CAMINO REAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFTER, JAMES	6.2 NAME	
STREET ADDRESS	875 E. CAMINO REAL #10	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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: **CHRISTOPHER GILSON** CHAIRMAN PRES. 11/5/97 561-395-0854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0038907

CR2E037 (9/96)