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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90048 002 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 716238**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/20/1969

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

9. Name and Address of Current Registered Agent

~~TIRELLA, ANTHONY~~  
875 E. CAMINO REAL  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name United Community Mgmt Corp  
82 Street Address (P.O. Box Number is Not Acceptable)  
3300 University Dr #405  
83  
84 City Orlando State FL 85 Zip Code 32805

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 UNITED COMMUNITY MGMT CORP (NOTE: Registered Agent signature required when reinstating) Date 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILSON, CHRISTOPHER, C	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRKOFER, JOHN	
STREET ADDRESS	875 E. CAMINO REAL #16H	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS-MURRAY, HELEN	
STREET ADDRESS	875 EAST CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 00000 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMOUDLIN, MICHAEL DR.	
STREET ADDRESS	875 E CAMINO RAL #12-H	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OUSSANI, JAMES, SR.	
STREET ADDRESS	875 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAFTER, JAMES	
STREET ADDRESS	875 E. CAMINO REAL #10	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morrison, Alan	
1.3 STREET ADDRESS	875 E. Camino Real #10-C	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WOLGAST, NOEMAN	
2.3 STREET ADDRESS	875 E. Camino Real #12A	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: James B. Rafter SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)