

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2002 8:00 am**
Secretary of State

02-27-2002 90038 040 ****61.25

DOCUMENT # 716238

1. Entity 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

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1311341

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED COMMUNITY MGMT CORP
3300 UNIVERSITY DR 405
CORAL SPRINGS FL 33065****LAKE HOUSE SOUTH ASSN, INC
875 E. CAMINO REAL
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

CHERI L. NEWBERRY

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

875 E. CAMINO REAL

City

BOCA RATON**FL**Zip Code
33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Cheri L. Newberry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/02
DATE**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DICORPO, MARTIN**
STREET ADDRESS **35A HERITAGE CIRCLE**
CITY-ST-ZIP **SOUTHBURY CT 06488**TITLE **VPD** ☐ Delete
NAME **COPELAN, HERBERT**
STREET ADDRESS **875 E. CAMINO ROAD**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE **TD** ☐ Delete
NAME **D'ANGELO, GARY**
STREET ADDRESS **875 E CAMINO REAL # 17H**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **VP** ☒ Delete
NAME ~~**ARMOURDEN, MICHAEL DR**~~
STREET ADDRESS **875 E CAMINO RAL #12-H**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **SD** ☐ Delete
NAME **BIRKOTER, ANNE**
STREET ADDRESS **122 ASHFORD RD**
CITY-ST-ZIP **CHERRY HILL NJ 03003**TITLE **TD VPO** ☐ Delete
NAME **LEONARD, DAVID**
STREET ADDRESS **875 E. CAMINO ROAD**
CITY-ST-ZIP **BOCA RATON FL 33433**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Martin. Di Corpo** ☒ Change ☐ Addition
NAME **875 E. CAMINO REAL**
STREET ADDRESS **BOCA RATON FL 33432**
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Richard Abajian D** ☐ Change ☒ Addition
NAME **875 E. Camino Real # 4 H**
STREET ADDRESS **Boca Raton, FL 33432**
CITY-ST-ZIPTITLE **Birko Fer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Martin Di Corpo President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)