

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 724271 (2)		
1. Corporation Name LU DLUM LAKE ASSOCIATION INC.		



Principal Place of Business 6703 N.W. 169TH STREET HIALEAH FL 33015	Mailing Address 6703 N.W. 169TH STREET HIALEAH FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/05/1972		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1418726		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent KEMP, DON M 6707 NW 169TH ST APT A-104 MIAMI FL 33015				10. Name and Address of New Registered Agent 81 Name DAK T. DAVIES 82 Street Address (P.O. Box Number is Not Acceptable) 6707 NW 169 ST. A305 83 84 City Hialeah FL 85 Zip Code 33015			

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 **DALE T. DAVIES** *[Signature]* **8/1/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE POVD	☒ DELETE	1.1 TITLE PRESIDENT "POVD"	☒ Change ☐ Addition
NAME KEMP, DON M		1.2 NAME RAUL TRAVIESO	
STREET ADDRESS 6707 NW 169ST #A109		1.3 STREET ADDRESS 6705 NW 169ST. #C	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Hialeah, FL 33015	
TITLE SD	☒ DELETE	2.1 TITLE SECRETARY "SD"	☒ Change ☐ Addition
NAME KEMP, RITA J.		2.2 NAME DALE T. DAVIES	
STREET ADDRESS 6707 NW 169 ST #A104		2.3 STREET ADDRESS 6707 NW 169ST. A305	
CITY-ST-ZIP HIALEAH FL		2.4 CITY-ST-ZIP Hialeah, FL 33015	
TITLE TD	☐ DELETE	3.1 TITLE TRUSTEE "TR"	☐ Change ☒ Addition
NAME CROST, RICHARD		3.2 NAME NINA NESKOWSKI	
STREET ADDRESS 6701 NW 169 ST #B308		3.3 STREET ADDRESS 6703 NW 169ST	
CITY-ST-ZIP HIALEAH FL		3.4 CITY-ST-ZIP Hialeah FL 33015	
TITLE [Blank]	☐ DELETE	4.1 TITLE TRUSTEE "TR"	☐ Change ☒ Addition
NAME [Blank]		4.2 NAME FERRUCIO MORELLI	
STREET ADDRESS [Blank]		4.3 STREET ADDRESS 6703 NW 169ST	
CITY-ST-ZIP [Blank]		4.4 CITY-ST-ZIP Hialeah, FL 33015	
TITLE [Blank]	☐ DELETE	5.1 TITLE TRUSTEE "TR"	☐ Change ☒ Addition
NAME [Blank]		5.2 NAME ROSE SANLINO	
STREET ADDRESS [Blank]		5.3 STREET ADDRESS 6703 NW 169ST	
CITY-ST-ZIP [Blank]		5.4 CITY-ST-ZIP Hialeah, FL 33015	
TITLE [Blank]	☐ DELETE	6.1 TITLE TRUSTEE "TR"	☐ Change ☒ Addition
NAME [Blank]		6.2 NAME FRANK COBELO	
STREET ADDRESS [Blank]		6.3 STREET ADDRESS 6703 NW 169ST	
CITY-ST-ZIP [Blank]		6.4 CITY-ST-ZIP Hialeah, FL 33015	

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 *[Signature]* **8/1/97 (315)552-1131**

CR2E037 (4/97)