SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name (2)													
LUDLUM LAKE ASSOCIATION INC.													
Principal Place of Business Malling Address							· · · · · · · · · · · · · · · · · · ·		{	[
Principal Place of Business Malling Address													
6703 N.W. 16		709 N.W. 169TH STREET				Date incorporated or Qualified							
HIALEAH FL S	33015	HIALEAH FL	HIALEAH FL 33015					09/05/1972					
									4. FEI Number		. -		plied For
O Dringle of C	Name of Parel	Do Stalling A	2a. Malling Address					59-1418726				t Applicable	
2. Principal P	NO CH	——¬	26 Address					5. Certificate of Status D	estred 🔀	• -		dditional guired	
Sulte, Apt.			Sulte, Apt. #, etc.					6. Election Campaign Fir	encino			/lay Be	
22	·	27	27					Trust Fund Contributio		,		Fees	
City & Stat	te	City & St	City & State					7. Is this nonprofit corpor	ation a homeowne	8 8880X	iation	?	
23		28	\$							No			
Zip		Country		Zip Cou					8. This corporation owes				
24 25 25 Shame and Address of Current 5				29 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent									TO. Marite and Address L	i uan Kafistelan	Menn		
DAMPA DAMP T						_							
DAVIES, DALE T 6707 NW 189TH						82	Street Address (P.O. Box Number is Not Acceptable)						
A305						83							
HIALEAH FL 83015						84	City				lest	Zip (`odo
<u> </u>						10-4	City			FL	B5	Zip (,oue
11. Pursuant t	to the provision	ons of sections 617.0502	and 617.1508, Flor	amed co	rporation's	on submits this statement for board of directors. I hereby	the purpose of che	nging I	s regi	stered			
agent. I a	m fami liar wit	h, and accept the obligat	ions of, section 61	7.0503, Flori	da Si	tatutes	io corpo	auona	o boald of dilectors. I fieles,	accept the appoin	unon a	s rogii	56160
SIGNATURE 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							Join Signatur	e require	ADDITIONS/CHANGES		D DIR	СТО	RS IN 12
TITLE	POVD			DELETE	_	1.1 TITLE		P/1	··		K ch		Addition
NAME	TRAVIESO	. RAUL	ų.		ŀ	1.2 NAME			VIES, DALE T				
STREET ADDRESS	1 .	169 ST #C			١,	1.3 STREET	ADDRESS		07 NW 169 ST. A	305			
CITY-ST-ZIP	HIALEAH I	FL		1.4 C			r-ziP_	ΗÍ	ALEAH FL 3301				
TITLE	SD		X	X DELETE 2.1				V/1			Ch.	ange	Addition
NAME	davies, d			2.2 NA					RELLI, FERRUCCI				
STREET ADORESS	10.01 1111 100111 11000						ADDRESS	,	01 NW 169 St. E				
CITY-ST-ZIP	HIALEAH I	<u>FL</u>		<u> </u>		2.4 CITY-ST	-ZIP	HIZ	ALEAH FL 3301	5	-		
TITLE	TD COCT D	ICHADD	L.,	DELETE		3.1 TITLE 3.2 NAME					∐ ch	anĝe	Addition
NAME STREET ADDRESS	CROST, R				- 1	3.2 NAME 3.3 STREET	ANNOCCC						
CITY-ST-ZIP	HIALEAH I	169 ST #B308				3.3 STREET 3.4 CITY-ST							
TITLE	T	<u></u>	- F	DELETE	_	4.1 TITLE	IVZIF	S/1			Ē ch	20/10	K Addition
NAME	NESKOWS	KI NINA	147	1 00000		1.2 NAME			RELLI, MARIA Q.		(i)	nige.	ALL MUNICOIL
STREET ADDRESS	6703 NW					1.3 STREET	ADDRESS		01 NW 169 St.				
CITY-ST-ZIP	HIALEAH I				4	4.4 CITY-ST	r-ZIP		ALEAH FL 3301				
TITLE	T		ĺχ	DELETE	5	5.1 TITLE		T			Chi	ange	Addition
NAME	SANLINO,	ROSE			. 5	5.2 NAME			NZALEZ, HECTOR			-	
STREET ADDRESS 6703 NW 169TH ST				5.3 STR			ADDRESS	670	6705 NW 169 St. C-207				
CITY-ST-ZIP	HIALEAH I	FL				5.4 CITY-ST	r-ZIP	HIA	ALEAH FL 3301	5	_		
TITLE	T] DELETE		5.1 TITLE					Ch.	ange	Addition
NAME	COBELO,					6.2 NAME							
street ADDRESS 6703 NW 169TH ST						8.3 STREET							
CITY-ST-ZIP	HIAI FAH 1	51			1 6	6.4 CITY-ST	-7(P	1					

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.

FILED

Aug 26 1998 8:00am

Secretary of State