

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741830 (4)
1. Corporation Name
LAFORÉ AT WOODMONT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**% DR. MURRY J. APELBAUM
8300 BLACK OLIVE DR.
TAMARAC FL 33321** **% DR. MURRY J. APELBAUM
8300 BLACK OLIVE DR.
TAMARAC FL 33321**

3. Date Incorporated or Qualified
02/27/1978
4. FEI Number **59-2158283** 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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**APELBAUM, MURRY J., DR.
8300 BLACK OLIVE DR.
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APELBAUM, LOIR	1.2 NAME
STREET ADDRESS	8300 BLACK OLIVE DR	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, FAYE	2.2 NAME
STREET ADDRESS	8310 BLACK OLIVE DR	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIATI, JOE	3.2 NAME
STREET ADDRESS	8330 BLACK OLIVE DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOV, BERNIE	4.2 NAME
STREET ADDRESS	7547 BLACK OLIVE AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BARRY	5.2 NAME
STREET ADDRESS	7554 BLACK OLIVE AVE	5.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISKIN, PHYLLIS	6.2 NAME
STREET ADDRESS	7524 BLACK OLIVE AVE	6.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	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.

SIGNATURE: *Faye Koch* **FAYE KOCH TREASURER** 4/2/98

CR2E037 (10/97)