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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # 741848

(6)

LOCH LOMOND CLUB SOUTH HOMEOWNERS ASSOCIATION, I

FILED May 19 1997 8:00am Secretary of State



1 miorpai i rac	ce of Business		Mailing Address			1 1001111				
3001 NW 4TH TERRACE #146 POMPANO BEACH FL 33064			3001 NW 4TH TERRACE #146 POMPANO BEACH FL 33084-3162							
, , , , , , , , , , , , , , , , , , , ,							porated or Qualified 1/1978	3a. Date of L 05/0	ast Re 1/199	port 6
2. Principal F	Place of Business		2a. Mailing Addres	\$8	,	4. FEI Numb	er	<u> </u>	App	lied For
8457 W. Oakland Park Blvd.			26 P.O. Box 451418			59-1	59-1921551			Applicable
Suite, Apt.			Suite, Apt. #, 6			5. Certificate	of Status Desired		.75 A	dditional puired
City & Star	te		City & State	<u>-</u>		6 Election C	ampaign Financing			Vay Be
3 Sunris			28 Sunrise,	FL		J.	Contribution		dded to	
33351	25 Co	/sa	33345-141	18 30 Co	USA	8. This corpo	ration has liability for	intangible tax ur ☐ Yes ☐ No	der s	199.032,
41		dress of Current	Registered Agent	1001	7		Address of New Re			
MCCARTNEY, LYNN 3001 NW 4TH TERRACE #146 POMPANO BEACH FL 33064					82 Street	Address (P.O. Box Nu	ess (P.O. Box Number is Not Acceptable) Servoces J. Oakland Park Blvd.			
11. Pursuant	to the provisions of S	Sections 617.0502	and 617.1508, Florida	Statutes, the	Sun:	rise,	his statement for the r	PL Durose of chang	333.	51 registerer
office or	registered agent, or i	ooth, in the State	Florida. Such chang	e was authorize	ed by the con	poration's board of dir	ectors. I hereby acce	pt the appointme	ent as r	egistered
agent. I a	am faoilliar with, and	accept the obligat	of Florida. Such chang lons of Section 617.0	operty M	lanage b	Barbara E.W.	eters (954)	572-1880		
SIGNATURE	MALARIA	A. VILL	ZO	- •	-					
4	Signature, typed or printed	name of registered agent	and title if applicable.	(NOTE: Register	red Agent signature	required when reinstating)		DATE		
12.	Signature, typed or printed	OFFICERS AND		(NOTE: Register			/CHANGES TO OFFI	CERS AND DIRE		S IN 12
12. TITLE	Signature, typed or printed			13		ADDITIONS	/CHANGES TO OFFI			
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4. 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 Black 13 if changed, or on an attachment with an address.

SIGNATURE

NATURE AND STREET OF PRINTED PARTY OF PROCESSION

3/20/97

(954) 572-1880

Daytime Phone # 0021985