

FILE NOW: FILING FEE IS \$61.25

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Jun 19 1997 8:00am  
Secretary of State

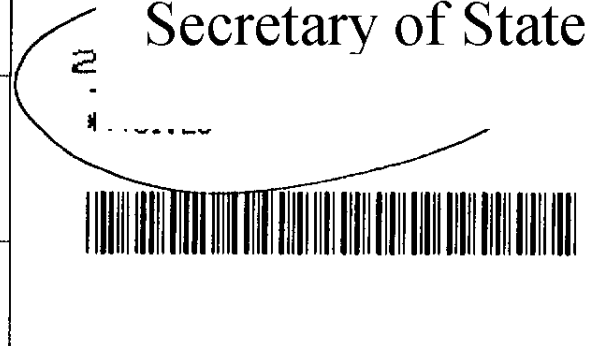
NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 743651 (2)  
1. Corporation Name  
LAGO MAR COLONY DRAINAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address  
500 NW 127TH AVE FT LAUDERDALE FL 33325 500 NW 127TH AVE FT LAUDERDALE FL 33325-2314



2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 07/20/1978 3a. Date of Last Report 04/17/1996  
4. FEI Number 59-2032069 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
CARPENTER, JOSPEH JR  
301 NW 131ST AVE  
PLANTATION FL 33325

10. Name and Address of New Registered Agent  
81 Name GENTILE, PAUL PRES.  
82 Street Address (P.O. Box Number is Not Acceptable) 10376 S.W. 18TH STREET  
83  
84 City DAVIE FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 617.0505 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 [Signature] PRESIDENT DATE 6/16/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEAU, LAWRENCE	
STREET ADDRESS	13101 SW 33RD CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CAPENTER, JOSEPH	
STREET ADDRESS	301 NW 131ST AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GENILE, PAUL	
STREET ADDRESS	10376 SW 18TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CORNETT, HAROLD	
STREET ADDRESS	2905 S.W. 81ST TERR.	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOSELY, MARION	
1.3 STREET ADDRESS	1901 S.W. 74 TERR.	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MELTON, JACK	
2.3 STREET ADDRESS	12631 N.W. 70TH PLACE	
2.4 CITY-ST-ZIP	PLANTATION, FL. 33325	
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GENTILE, PAUL	
3.3 STREET ADDRESS	10376 S.W. 18TH STREET	
3.4 CITY-ST-ZIP	DAVIE, FL. 33324	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOREANS, ELENA	
4.3 STREET ADDRESS	PO BOX 17647 13661 N.W. 3RD ST.	
4.4 CITY-ST-ZIP	PLANTATION, FL. 33325	
5.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TOTOIU, JOHN	
5.3 STREET ADDRESS	138 N.W. 130TH AVE.	
5.4 CITY-ST-ZIP	PLANTATION, FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MITCHELL, WILLIAM DR.	
6.3 STREET ADDRESS	1081 W. TROPICAL	
6.4 CITY-ST-ZIP	PLANTATION, FL. 33317	

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] DATE 6/16/97

CR2E037 (9/96)