

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 752833 (4)
 1. Corporation Name
SOUTHWEST RANCHES HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address
17950 S.W. 55TH STREET FT. LAUDERDALE FL 33331 US **4720 SW 170 AVENUE FT. LAUDERDALE FL 33331 US**

3. Date Incorporated or Qualified
06/06/1980
 4. FEI Number
NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 5620 S.W. 164 Terrace **28 same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Ft. Lauderdale, FL 33331 **28**
 Zip Country Zip Country
24 33331 **25 Broward** **29** **30**

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

9. Name and Address of Current Registered Agent
WERTHMAN, VELMA M
17950 S.W. 55TH STREET
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent
81 Name FINK, Mecca
82 Street Address (P.O. Box Number is Not Acceptable) 5620 S.W. 164th Terrace
83
84 City Ft. Lauderdale FL 85 Zip Code 33331

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 617.0508, Florida Statutes.

SIGNATURE *Mecca Fink* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FINK, MECCA
STREET ADDRESS	5620 SW 164 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	WERTHMAN, VELMA
STREET ADDRESS	17933 SW 55 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MURDERS, JANIE
STREET ADDRESS	19801 STIRLING ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KEHLER, ROLLY
STREET ADDRESS	4720 SW 170 AVE.
CITY-ST-ZIP	FT. LAUDERDALE 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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOLLAR, Johnny
1.3 STREET ADDRESS	17350 S.W. 46 Street
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33331
2.1 TITLE	FINK, Mecca <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FINK, Mecca
2.3 STREET ADDRESS	5620 S.W. 164th Terrace
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33331
3.1 TITLE	CAHILL, Isolde <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAHILL, Isolde
3.3 STREET ADDRESS	14641 Mustang Trail
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33330
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Mecca Fink* DATE **11/15/98**

CR2E037 (10/97)