## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

《经验教徒》是是一种的人,是是一种的人,是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是我们们,我们们就是一个人,我们就是一个人,我们

755099

**5799 S.W. 34TH TERRACE** 

FT LAUDERDALE FL

STREET ADDRESS

CITY-ST-ZIP

(9)

LAKE EDEN GARDENS & CRYSTAL LAKE CLUB MOBILE HOM FOWNERS TENANTS ASSOCIATION, INCORPORATED

| EOWNERS TENANTS ASSOCIATION, INCORPORATED     |   |  |  |                                  |                                |   |   |
|---|---|--|--|----------------------------------|--------------------------------|---|---|
| Principal Place of Business                   |   | Mailing Address  |  |                                  |                                |   | au didil aldis albit alait diasi dibil 1801                           |
| 3475 S.W. 59TH ST.<br>FT. LAUDERDALE FL 33312 |   | 3475 S.W. 59TH ST.<br>FT. LAUDERDALE FL 33   | 312-6308                                       |                                  |                                |   |   |
|   |   |  |  |                                  |                                | 3. Date Incorporated or Qualified 11/07/1980  | 3a. Date of Last Report 04/04/1996                                    |
| <del></del>                                   |   | 2a. Mailing Address  | )  |                                  | 4. FEi Number 59-2148141       | Applied For   |   |
| Suite, Apt. #, etc.                           |   | Suite, Apt. #, etc.  |  | 35-2 140 14 1                    | Not Applicable                 |   |   |
| 22 22   |   | 27   |  | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |   |   |
| City & State                                  |   | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be                  |   |   |
| 23  |   | 28   |  |                                  |                                | Trust Fund Contribution   | Added to Fees   |
| Zip   | Country Zip   |  | Cou  | Country                          |                                | 8. This corporation has liability for i   |   |
| 24  | 25  | 29   | 30   | <del></del>                      |                                |   | Yes No  |
|   | 9. Name and Address of Curre  | ent Hegistered Agent   |  | 81                               | Name                           | 10. Name and Address of New Re  | jistered Agent  |
| 411/20  | A BAHALABA  |  |  |                                  | ivanie                         |   |   |
|   | C. DOUGLASS   |  |  | 82                               | Street Addre                   | ess (P.O. Box Number is Not Acceptab  | le)   |
| 3482 SW 57TH PLACE<br>FT LAUDERDALE FL 33312  |   |  |  | 83                               | 7                              |   |   |
| 11 5,05                                       | CHUNCE I E 000 IE   |  |  |                                  |                                |   | 1-17-01   |
|   |   |  |  | 84                               | City                           |   | FL 85 Zip Code  |
| 11. Pursuant l<br>office or re<br>agent. I a  | to the provisions of Sections 617.05<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the obli | 502 and 617.1508, Florida Sta<br>te of Florida. Such change wa<br>igations of, Section 617.0503, | itutes, the al<br>as authorize<br>Florida Stat | bove<br>d by<br>tutes            | i-named corporation            | oration submits this statement for the p<br>on's board of directors. I hereby accep | urpose of changing its registered<br>it the appointment as registered |
|   | Signature, typed or printed name of registered a  | *  |  | d Age                            | nt signature require           | od when reinstating)  | DATE  |
| 12.   |   | ND DIRECTORS  DELETE   | 13.  | T. C                             | <del></del>                    | ADDITIONS/CHANGES TO OFFIC  |   |
| TITLE   | -   |  |  | 1.1 TITLE                        |                                |   | Change L Addition   |
| NAME<br>STREET ADDRESS                        | DANSEREAU, JEAN-CLAUDE<br>3485 SW 59TH STREET   |  | 1.2 NAME<br>1.3 STREET ADDRESS                 |                                  | ADDDECC                        |   |   |
| CITY-ST-ZIP                                   | FT LAUDERDALE FL  |  |  |                                  |                                |   |   |
| TITLE   | D   | DELETE   | 1.4 CITY - ST - ZIP<br>2.1 TITLE               |                                  | 1+20                           |   | Change Addition   |
| NAME  | CHAGNON, HELEN  |  | 2.2 N  | 2.2 NAME                         |                                |   |   |
| STREET ADDRESS                                | 5799 SW 34TH TERRACE  |  | 2.3 S1   | 2.3 STREET ADDRESS               |                                |   |   |
| CITY-ST-ZIP                                   | FT LAUDERDALE FL  |  | 2. 4 C   | 2. 4 CITY-ST-ZIP                 |                                | _   |   |
| TITLE   | <u>-</u>  |  | 3.1 T(   | TLE                              |                                |   | Change Addition   |
| NAME  | MENDOSA, SHIRLEY A.   |  | 3.2 N  | AMÉ                              | Ì                              |   |   |
| STREET ADDRESS                                | 3475 SW 59TH ST   |  | 3.3 \$1  | REET.                            | ADDRESS                        |   |   |
| CITY-ST-ZIP                                   | FT LAUDERDALE FL  |  |  | 3.4. CITY-ST-ZIP                 |                                |   |   |
| TITLE   | •   |  | 4.1 11   |                                  |                                |   | Change Addition   |
| NAME  | ALVES, DOUGLAS  |  | 4.2 N  |                                  | 4000000                        |   |   |
| STREET ADDRESS                                | 5m 1 4 1 1 5 m 5 1 1 2 7 7 1  |  |  | ADDRESS                          |                                |   |   |
| CITY-ST-ZIP<br>TITLE                          | D DAUDENDALE FL   | DELETE   | 4.4 CI<br>5.1 TI                               | TY-\$1<br>TLF                    | 1-ZIP                          |   | Change Addition   |
| NAME  | BOCHENEK, ALICE   | - Victor   | 5.2 NAME                                       |                                  |                                |   | comigo rication   |
| STREET ADDRESS                                | 5792 SW 35 AVE  |  |  |                                  | ADDRESS                        |   |   |
| CITY-ST-ZIP                                   | FT LAUDERDALE FL  |  |  | 1Y-S1                            |                                |   |   |
| TITLE   |   |  | 6.1 70   |                                  |                                |   | ☐ Change ☐ Addition   |
| MARIE   | DIEDANICO CATHEDINE   |  | 62 14  |                                  | 1                              |   | _ , _ ,   |

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

**FILED** 

Mar 17 1997 8:00am

Secretary of State