

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755099** (9)

1. Corporation Name:
LAKE EDEN GARDENS & CRYSTAL LAKE CLUB MOBILE HOME OWNERS TENANTS ASSOCIATION, INCORPORATED

Principal Place of Business 3475 S.W. 59TH ST. FT. LAUDERDALE FL 33312	Mailing Address 3475 S.W. 59TH ST. FT. LAUDERDALE FL 33312
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/07/1980	4. FEI Number 59-2148141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**ALVES, C. DOUGLASS
3482 SW 57TH PLACE
FT LAUDERDALE FL 33312**

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 _____ (Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANSEREAU, JEAN-CLAUDE	
STREET ADDRESS	3485 SW 59TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAGNON, HELEN	
STREET ADDRESS	5799 SW 34TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MENDOSA, SHIRLEY A.	
STREET ADDRESS	3475 SW 59TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALVES, DOUGLAS	
STREET ADDRESS	3482 S.W. 57TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOCHENEK, ALICE	
STREET ADDRESS	5792 SW 35 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIFRANCO, CATHERINE	
STREET ADDRESS	5799 S.W. 34TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	

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	Ketchen, Louis	
1.3 STREET ADDRESS	5845 SW 94TH Terrace	
1.4 CITY-ST-ZIP	FT. Lauderdale FL 33312	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bornmann, William	
2.3 STREET ADDRESS	3174 SW 59TH ST.	
2.4 CITY-ST-ZIP	FT. Lauderdale, FL 33312	
3.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Blair, Sally	
3.3 STREET ADDRESS	5905 SW 34TH Terrace	
3.4 CITY-ST-ZIP	FT. Lauderdale, FL 33312	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fleury, Eddy	
4.3 STREET ADDRESS	5782 SW 35TH Way	
4.4 CITY-ST-ZIP	FT. Lauderdale FL 33312	
5.1 TITLE	A-S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wasson, Jeanne	
5.3 STREET ADDRESS	SW 59TH ST.	
5.4 CITY-ST-ZIP	FT. Lauderdale, FL 33312	
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: *Shirley A. Mendosa*
Treasurer 2/13/98 954-059-1295

CR2E037 (10/97)