FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765462 (7)

1. Corporation Name
LAKE ROYALL EAST HOME OWNERS ASSOCIATION, INC.

Principal Place of Business
226 PALM SPRINGS CENTER.
1840 W. 49TH STREET
HIALEAH FL 33012

Mailing Address
226 PALM SPRINGS CENTER.
1840 W. 49TH STREET
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1982
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2346008 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NIEVES, JOE
6955 W. 16TH DR.
HIALEAH FL 33014

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	NIEVES, JOE	1.2 NAME		
STREET ADDRESS	6955 W 16TH DRIVE	1.3 STREET ADDRESS		
CITY, ST, ZIP	HIALEAH FL	1.4 CITY, ST, ZIP		
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LINTON, GREG	2.2 NAME	LICHTENBERG, STEVE	
STREET ADDRESS	6855 W 16 DRIVE	2.3 STREET ADDRESS	1740 W 72 ST	
CITY, ST, ZIP	HIALEAH FL	2.4 CITY, ST, ZIP	HIALEAH, FL	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ARRO, PAUL	3.2 NAME		
STREET ADDRESS	1676 W 72 ST.	3.3 STREET ADDRESS		
CITY, ST, ZIP	HIALEAH FL	3.4 CITY, ST, ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEON, NORA	4.2 NAME	ARRO, SALLIE	
STREET ADDRESS	1675 W 68 STREET	4.3 STREET ADDRESS	1676 W 72 ST.	
CITY, ST, ZIP	HIALEAH FL	4.4 CITY, ST, ZIP	HIALEAH, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY, ST, ZIP		5.4 CITY, ST, ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY, ST, ZIP		6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paul Arro (TD Paul Arro) 4/25/95 (305) 821-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037615