NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765462

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

2. Principal Place of Business

Suite, Apt. #, etc.

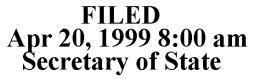
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

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



04-20-1999 90225 027 ****61.25



Applied For

3. Date Incorporated or Qualifed

10/20/1982

4. FEI Number

22		27				59-2346008		Not	Applicable
City & State			City & State			5. Certifcate of Status Desired		\$8.75 A	
23	Country	Zip		Country	<u>· · · · · · · · · · · · · · · · · · · </u>	Election Campaign Financing Trust Fund Contribution		\$5.00 h	
24 25 29 3						10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered A	gent	81	Name	IV. Name and Address of New P	redistrien :	- yent	
				"	(Agille				
NIEVES, JOE					Street Add	ress (P.O. Box Number is Not Accepta	sble)		
6955 W. 16TH DR. HIALEAH FL 33014							-		
						•			
				84	City		~	85 Zip C	ode
					<u> </u>		<u> </u>		
office or ti	to the provisions of Sections 617.056 egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida, Such ations of, Section	617.0503, Florida	onzed by a Statutes.	ine corporati	poration submits this statement for the on's board of directors. I hereby accept d when reinstating)	ot the appoin	ntment as reg	istered
12.						ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PD		DELETE	1,1 TITLE				Change	☐ Addition
NAME	NIEVES, JOE			1.2 NAME					
STREET ADDRESS	6955 W 16TH DRIVE			1.3 STREET	ADDRESS				
Į.	HIALEAH FL			1,4 CFTY-ST	r-71P				
CITY-ST-ZIP TITLE	VPD	-	DELETE	2.1 TITLE				☐ Change	Addition
NAME	CELSO, OTERO			2.2 NAME					
	7105 NW 17 CT			2.3 STREET	ADDRESS				
STREET ADORESS				2.4 CITY-S					
CITY-ST-ZIP	HIALEAH FL	-	□ DELETE	3.1 TITLE	1-21			Change	Addition
TITLE	ADDO DALII			3.2 NAME					
NAME	ARRO, PAUL			3.3 STREET	TADODECC	,			
STREET ADDRESS	1676 W 72 ST.	a Tyle aggree	ردید د سویدی	_		· · · · · · · · · · · · · · · · ·		•	
CITY-ST-ZIP	HIALEAH FL		DELETE	3.4. CITY-S	T-ZIP		_	Change	Addition
ΠLE	SD			4.1 TITLE					
NAME	ARRO, SALLIE		'	4.2 NAME					
STREET ADDRESS	1676 W 72 STREET				ADDRESS				
CITY-ST-ZIP	HIALEAH FL	_	C perete	4.4 CITY-S	T-ZIP			☐ Change	Addition
TITLE	}		☐ DELETE	5.1 TITLE		•			
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	l l				
CITY-ST-ZIP				5.4 CITY-S	T- ZIP				
TITLE			☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY_ST_7ID				6.4 CITY-S					
44 (1	partify that the information symplied w	ith this filing doe	s not qualify for th	e exempti	ion stated in	Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Indition can be 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 an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/99 305-821-6436 Daytime Phone #