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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # 766692 (8)

1. Corporation Name

LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
4965 SABAL PALM BLVD
TAMARAC FL 33319
US

Mailing Address
4965 SABAL PALM BLVE
TAMARAC FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1983
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2261638 — Applied For / Not Applicable

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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. 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
WELLER, VERA
4940 SABAL PALM BLVD
SUITE 307
TAMARAC FL 33319

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: VERA WELLER PRES — 2/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	WELLER, VERA	1.2 NAME	HERMAN WEISS
STREET ADDRESS	4940 SABAL PALM BLVD #307	1.3 STREET ADDRESS	4950 Sabal Palm Blvd
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, Fl
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	LICKER, HAROLD	2.2 NAME	
STREET ADDRESS	4975 SABAL PALM BLVD #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	HABER, JACK	3.2 NAME	HAROLD LIPMAN
STREET ADDRESS	6080 SABAL PALM BLVD. #305	3.3 STREET ADDRESS	6080 SABAL PALM BLVD # 305
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, Fl
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SALMAN, LILA	4.2 NAME	
STREET ADDRESS	4950 SABAL PALM BLVD #403	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HIRSCH, ALEXANDER	5.2 NAME	
STREET ADDRESS	6095 SABAL PALM BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HERMAN, BEATRICE	6.2 NAME	
STREET ADDRESS	4965 SABAL PALM BLVD #110	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	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: Vera Weller Pres. — 2-2-95 — 305 968-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048081