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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766692 (8)

1. Corporation Name

LAKE OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

4985 SABAL PALM BLVD
TAMARAC FL 33319
US

Mailing Address

4985 SABAL PALM BLVE
TAMARAC FL 33319-2628
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/21/1983

3a. Date of Last Report
01/31/1996

4. FEI Number
59-2261638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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 SIDNEY FRADIN
82 Street Address (P.O. Box Number is Not Acceptable)
4970 SABAL PALM BLVD
83 TAMARAC
84 City
FL 85 Zip Code 33319

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	WELLER, VERA	<input checked="" type="checkbox"/> DELETE
NAME		4940 SABAL PALM BLVD #307	
STREET ADDRESS		TAMARAC FL	
CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> DELETE	LICKER, HAROLD	<input checked="" type="checkbox"/> DELETE
NAME		4975 SABAL PALM BLVD #210	
STREET ADDRESS		TAMARAC FL	
CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> DELETE	LIPMAN, HAROLD	<input checked="" type="checkbox"/> DELETE
NAME		6080 SABAL PALM BLVD #303	
STREET ADDRESS		TAMARAC FL	
CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> DELETE	SALMAN, LILA	<input checked="" type="checkbox"/> DELETE
NAME		4950 SABAL PALM BLVD #403	
STREET ADDRESS		TAMARAC FL	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	HIRSCH, ALEXANDER	<input checked="" type="checkbox"/> DELETE
NAME		6095 SABAL PALM BLVD.	
STREET ADDRESS		TAMARAC FL	
CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> DELETE	HERMAN, BEATRICE	<input checked="" type="checkbox"/> DELETE
NAME		4965 SABAL PALM BLVD #110	
STREET ADDRESS		TAMARAC FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	SIDNEY FRADIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		4970 SABAL PALM BLVD	
1.3 STREET ADDRESS		TAMARAC FL 33319	
1.4 CITY-ST-ZIP			
2.1 TITLE	VP	MORTON WINTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		4960 SABAL PALM BLVD	
2.3 STREET ADDRESS		TAMARAC, FL 33319	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	SAM SILVER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		4970 SABAL PALM BLVD	
3.3 STREET ADDRESS		TAMARAC FL 33319	
3.4 CITY-ST-ZIP			
4.1 TITLE	D	ROBERT FRANKLIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4970 SABAL PALM BLVD	
4.3 STREET ADDRESS		TAMARAC, FL 33319	
4.4 CITY-ST-ZIP			
5.1 TITLE	D	HERBERT ROSS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		4930 SABAL PALM BLVD	
5.3 STREET ADDRESS		TAMARAC FL 33319	
5.4 CITY-ST-ZIP			
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035237

CR2E037 (9/96)