

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # 766692 (8)

1. Corporation Name

LAKE OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4985 SABAL PALM BLVD
TAMARAC FL 33319
US

4985 SABAL PALM BLVE
TAMARAC FL 33319
US

3. Date Incorporated or Qualified

01/21/1983

4. FEI Number

59-2261638

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRADIN, SIDNEY
4970 SEBAL PALM BLVD.
SUITE 307
TAMARAC FL 33319

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FRADIN, SIDNEY
STREET ADDRESS 4970 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL

TITLE ~~SP~~ D
NAME WINTER, MORTON
STREET ADDRESS 4980 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL

TITLE D
NAME SILVER, SAM
STREET ADDRESS 4970 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL

TITLE ~~D~~ Pres
NAME FRANKLIN, ROBERT
STREET ADDRESS 4970 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL

TITLE D
NAME ROSS, HERBERT
STREET ADDRESS 4930 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL

TITLE
NAME Alexander Hirsch
STREET ADDRESS 6095 Sabal Palm Blvd
CITY-ST-ZIP TAMARAC, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Richard Hery
1.2 NAME 4970 Sabal Palm Blvd
1.3 STREET ADDRESS TAMARAC, FL 33319
1.4 CITY-ST-ZIP

2.1 TITLE MORTON WINTER
2.2 NAME 4980 SABAL PALM BLVD
2.3 STREET ADDRESS TAMARAC FL - 33319
2.4 CITY-ST-ZIP

3.1 TITLE Harold Hipman
3.2 NAME 6080 Sabal Palm Blvd
3.3 STREET ADDRESS TAMARAC, FL
3.4 CITY-ST-ZIP

4.1 TITLE President - ROBERT P. FRANKLIN
4.2 NAME 4970 SABAL PALM BLVD
4.3 STREET ADDRESS TAMARAC FL 33319
4.4 CITY-ST-ZIP

5.1 TITLE HERBERT ROSS
5.2 NAME 4930 SABAL PALM BLVD
5.3 STREET ADDRESS TAMARAC FL 33319
5.4 CITY-ST-ZIP

6.1 TITLE Treas
6.2 NAME ALEXANDER HIRSCH
6.3 STREET ADDRESS 6095 SABAL PALM BLVD
6.4 CITY-ST-ZIP TAMARAC FL 33319

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: *Robert P. Franklin*

4/14/98 NY 968-2370

CR2E037 (10/97)