FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 768021

(8)

THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATI ON, INC. Mailing Address

	EIJON IBUN BONE HADDA AND DA	930 01031 01011 9 1011 01011 030	

8130 HAVASU CT.		8130 HAVASU CT.				
LAKE WORTH	FL 33467	LAKE WORTH FL 3346	t		3. Date Incorporated or Qualified 04/19/1983	3a. Date of Last Report 03/29/1995
		D- Mailing Addross			4. FEI Number	Applied For
2. Principal Plac	2a. Mailing Address 26			59-2280244	Not Applicab	
Suite, Apt. #	oto	Suite, Apt. #, etc.				\$8.75 Additional
22	, G IO.	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Cour 30	ntry	Tionad otalice	Yes No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re	gistered Agent
				81 Name		
CHERNA	CK, JACK			82 Street Ac	idress (P.O. Box Number is Not Acceptable	∍)
5194 CA	NDLEWOOD CT.		ļ			
LAKE WO	ORTH FL 33467			83		
			<u></u>	84 City		85 Zip Code
					poration submits this statement for the purp	FL "
or registere familiar with	ed agent, or both, in the State of Floring, and accept the obligations of, Sect signature, typed or printed neme of registered agent	da. Such change was authori tion 617.0503, Florida Statute	zed by trie c s.	orporation's be	oration submits this statement for the poly and of directors. I hereby accept the appo	Intment as registered agent. Fam
12.		ID DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	AUDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1111	LE		☐ Change ☐ Additio
NAME	CHERNACK, JACK		1.2 NA	IME		
STREET ADORESS	5194 CANDLEWOOD CT.		135	REET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL		1.4 Ct	TY-ST-ZIP		
TITLE	VD	DELETE	2 1 TI	TLE		Change 🗋 Additio
NAME	alpert, al		2 2 N/	ME		
STREET ADDRESS	8494 BONITA ISLEDR		2351	REET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL			ITY-ST-ZIP		Change Addition
TITLE	TD	DELETE	3 1 TI			☐ Gridings ☐ Addunct
NAME	ALPERT, ROSE		3 2 N/			
STREET ADDRESS	8494 BONITA ISLE DR.			REFT ADDRESS		
CITY-ST-ZIF	LAKE WORTH FL	™ DELETE	3 4 C	ITY-ST-ZIP	e'h	Change 🔂 Additio
TITLE	DACHETDOM OCCAD	Mocrese	4.2 N	ILE	SD JEPONE	
NAME	BACKSTROM, OSCAR 8449 BONDA ISLE DR.			TREET ADDRESS	BALLEN, VEROME 8296 WACCAMAW LA. LAKE WIRTH FL	E
STREET ADDRESS	LAKE WORTH FL	Decease D	ı	TY-ST-ZIP	IAKE WASTH FL	
CITY - ST - ZIP TITLE	UNIC MONITTE	DELETE	51 TI			Change Addition
NAMÉ			52 N			
				TREE! ADDRESS		
STREET ADDRESS CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	611			☐ Change ☐ Addition
NAME		-	62 N	AME		
STREET ADDRESS			635	TREET ADDRESS		
0.1 67 3.0			640	ITY-ST-ZIP		
14 Ldo borok	w cartify that the information supplied	t with this filing is voluntarily fu	rnished and	does not quali	fy for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I furthe

roo hereby certify that the information supplied with this limit is voluntarily infrished and does not quality for the exemption stated in Section 119.075jik), Frontac stateties, 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 MANE OF SIGNANG OFFICE OF DIRECTOR

1/25/96 401-967-3263