## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

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DOCUMENT #

768021

(8)

THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATI ON, INC.

Principal Place of Business Mailing Address 8130 HAVASU CT. 8130 HAVASU CT.

**FILED** Mar 30 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

DAKE WORTH PL 33467			LAKE WORTH FL 33467					04/19/1983				
								4. FEI Number			Applied For	
								59-2280244			Not Applicable	
2. Principal Place of Business 2e. Mailing Address 26				<u> </u>			5. Certificate of Status Desired	Ū∕	\$8.75 Additional Fee Required			
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
City & State			28	City & State				7. Is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No				
Zij	Zip Country Zip C 25 29 30				Countr 30	у		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
					61	I	Name					
CHERNACK, JACK 5194 CANDLEWOOD CT.							Street Address	ess (P.O. Box Number is Not Acceptable)				
LAKE WORTH FL 33487					83	1						
					84	1	City		FL	85	Zip Code	
C	of registered as	ions of Sections 617.05 gent, or both, in the Stat lth, and accept the obli	le of Floi	rida. Such change was	authorized b	٧I	the corporation's	tion submits this statement for the ps board of directors. I hereby acce	ourpose o	of changi pointmen	ng its registered it as registered	
SIGN	ATURE				ter marks is a 4							

agent. Familian with, and accept the congations of, Section 617,0003, Fibrida Statutes.											
SIGNATURE _	Signature, typed or printed name of registered agent and life if appli	cable (NOTE:	Registered Agent signature req		DATE						
12.	OFFICERS AND DIRECTOR		13.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND DIRECTOR						
TITLE	PD	DELETE	1.1 TOTLE		Change	Addition					
NAME	CHERNACK, JACK	<del></del>	1.2 NAME								
STREET ADDRESS	5194 CANDLEWOOD CT.		1.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP								
TITLE	VD VD	DELETE	2.1 TITLE		☐ Change	Addition					
NAME	ALPERT, AL	occur	2.2 NAME			Audinoi					
]	8494 BONITA ISLEDR										
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL	DELETE	2. 4 CITY - ST - ZIP	<u>-</u>	T 05	. Addition					
TITLE	TD	UL DECETE	3.1 TITLE		Change	L.J Addition					
NAME	ALPERT, ROSE		3.2 NAME								
STREET ADDRESS	8494 BONITA ISLE DR.		3.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-ST-ZIP								
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change	Addition					
NAME	BALLEN, JEROME		4, 2 NAME								
STREET ADDRESS	8296 WACCAMAW LANE EAST		4.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP								
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
			■								

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: