


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90037 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768021**

1. Corporation Name

**THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATION, INC.**

Principal Place of Business

8130 HAVASU CT.  
LAKE WORTH FL 33467

Mailing Address

8130 HAVASU CT.  
LAKE WORTH FL 33467



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/19/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2280244	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

**CHERNACK, JACK**  
**5194 CANDLEWOOD CT.**  
**LAKE WORTH FL 33467**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNACK, JACK	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERT, AL	2.2 NAME	ETTINGOFF, WILLIAM
STREET ADDRESS	8494 BONITA ISLE DR	2.3 STREET ADDRESS	5071 WHITEWOOD WAY
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERT, ROSE	3.2 NAME	ALBERT, PAUL
STREET ADDRESS	8494 BONITA ISLE DR.	3.3 STREET ADDRESS	5287 EDEN LAKE CT.
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLEN, JEROME	4.2 NAME	GLICK, EDITH
STREET ADDRESS	8296 WACCAMAW LANE EAST	4.3 STREET ADDRESS	5053 OUACHITA DR.
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/99

361-967-3263

CR2E037 (1/98)