

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90039 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G41498**

1. Corporation Name
LANTANA CASCADES & FMO ASSOC., INC.

Principal Place of Business 3282 S LAKE CASCADE LANTANA FL 33462 US	Mailing Address 3282 S LAKE CASCADE LANTANA FL 33462 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1983
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2767438
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent BAAR, MS ELIZABETH 3282 S LAKE CASCADE LANTANA FL 33462				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent				7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BAAR, MS ELIZABETH 3282 S LAKE CASCADE LANTANA FL 33462				81 Name
				82 Street Address (P.O. Box Number is Not Acceptable)
				83
				84 City
				85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOHN	1.2 NAME	
STREET ADDRESS	3284 S. LAKE CASCADE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASTOFF, MRS ESTELLE	2.2 NAME	
STREET ADDRESS	6393 HOG CAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAAR, MS ELIZABETH	3.2 NAME	
STREET ADDRESS	3282 S LAKE CASCADE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHODINI, MRS NANCY	4.2 NAME	
STREET ADDRESS	6377 BULA ALEX	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEQUIGNOT, MRS DORIS	5.2 NAME	
STREET ADDRESS	3253 W CAT CAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	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 607, 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 ELIZABETH J. BAAR 1/22/99**
Signature and typed or printed name of signing officer or director

John J. Harris

Elizabeth J. Baar
561-967-2243

CR2E034 (1/198)