

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58171
1. Corporation Name
University Lakes Mobile Home Owners Assoc Inc

Principal Place of Business Mailing Address
*P.O. Box 651133
Miami Fl. 33265*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21. *same* 26. *same*
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified
8/25/87

4. FEI Number
59-2737121

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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
*James E. VAN Noppen
1153 SW 129 AVE
Miami FL 33184*

10. Name and Address of New Registered Agent
81. Name *MARGARET McFARLAND*
82. Street Address (P.O. Box Number is Not Acceptable)
12820 SW 16 ST
83.
84. City *Miami* FL 85. Zip Code *33175*

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 *MARGARET M. McFARLAND* *Margaret M. McFarland* *Apr 9, 1998*

12. OFFICERS AND DIRECTORS

TITLE	<i>V.P.</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>DE LE FUENTE CHARLIE</i>	
STREET ADDRESS	<i>13031 SW 11 STR.</i>	
CITY-ST-ZIP	<i>MIAMI FL. 33184</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<i>V.P.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>CARLOS Reyes</i>	
13 STREET ADDRESS	<i>12910 SW 10 STR</i>	
14 CITY-ST-ZIP	<i>MIAMI FL 33184</i>	
21 TITLE	<i>SECRETARY</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<i>ARMAND BRANCHARD</i>	
23 STREET ADDRESS	<i>1630 SW 127 CT</i>	
24 CITY-ST-ZIP	<i>Miami FL 33175</i>	
31 TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<i>PATTY BERNHARDT</i>	
33 STREET ADDRESS	<i>1452 SW 129 CT</i>	
34 CITY-ST-ZIP	<i>Miami FL 33175</i>	
41 TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<i>FRANCES QUINN</i>	
43 STREET ADDRESS	<i>12826 SW 12 Ter</i>	
44 CITY-ST-ZIP	<i>Miami FL 33184</i>	
51 TITLE	<i>900002493709</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<i>-04/20/98-01069-013</i>	
53 STREET ADDRESS	<i>***150.00</i>	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

SIGNATURE: *Margaret M. McFarland* *Mar 29, 1998* *305-553-9897*

CR2E034 (10/97)

*4-20
VR*