FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N03459

(7)

THE LAKES AT THE BLUFFS HOMEOWNERS ASSOCIATION,

INC. Principal Place of Business Mailing Address



1165 11TH CA JUPITER FL 3					1TH COURT. R FL 33477									
								3. Da		porated or Qual 5/1984	ified	3a. Date o 04/	f Last 19/19	
Principal Place of Business 1				2a. Mailing Address 26				4. FE	1 Numbe 59-24	30779	l			Applied For Not Applicable
Suite, Apt. #, etc. 22				Suite, Apt. #, etc.				5. Ce	ertificate	of Status Desire	ed	_ \$		Additional Required
City & State			-	City & State						ampaign Financi Contribution	ing	:		May Be d to Fees
Zip Country 24 25				Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes							
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name /														
THOMED	IAUN E					81	Name	Linald	1110	ker C	54			
TURNER	82	Street A	Address (P.O.	Box Nun	nber is NoyAcc	e (hble)	1-							
1	TH COURT FL 33477		<u> </u>	Dung	K	ny	919	74						
JUPITEN	FL 33477	83	5	00 A	UST	thean	. 4n	ک محم		ļ				
						84	City	hot l	20	bout		8	5 Zig	Code
11 Pursuant I	to the provisio	ns of Sections 6	7.0502.200	1617 150	R Florida Statute	se the above r	U	vesi pe	uly	Sew.	7	<u>FL</u>		5 3 Y(/)
or register	ed agent, or	ooth, in the State	of Florida.	Such chan	ige was authorize	ed by the corpo	oration's	board of direct	tors. The	reby accept the	e borboat e borbos	ie or changiri ment as regi:	ig its re stered	agent. I am
	tri, and acces	the obligations	y, section	Y () Y (Plonide Statutes	1. ID	11/	2				11/	-4	<i>4/</i>
SIGNATURE .	Signature, typed of	r printed name of regist	ared agent and t	ite Lappical		TE: Registered Agen	t signature na	quired when reinsta	atrico)			4//	1	
12.			RS AND D	RECTORS		13.				CHANGES TO	OFFICE!	RS AND DIR	ECTO	RS IN 12
TITLE	SD				DELETE	1.1 TITLE		STD	>			73 .04	nange	☐ Addition
NAME		OSEPHINE				1.2 NAME		_				-		
STREET ADDRESS		'H COURT				1.3 STREET	ADDRESS							
CITY - ST - ZIP	JUPITER	FL				1.4 CITY - S	T- ZIP							
TITLE	VP	F 0			DELETE	2 1 TITLE						☐ Cr	nange	Addition
NAME	MURRAY					2.2 NAME	i							
STREET ADDRESS	1913 191 JUPITER					23 STREFT	AODRESS							
CITY-ST-ZIP	PD	<u>rL</u>			C DELETE	2 4 CITY - S	i - ZIP							
TITLE		IOCO, JEAN			DELETE	3 1 TITLE						☐ CH	nange	☐ Addition
NAME STREET ADDRESS	219 RIDG					3 2 NAME	LDDDD-							1
CITY-ST-ZIP	JUPITER					3 3 STREET	ľ							
TITLE	VPT				DELETE	3.4. CITY - S 4.1 Trīle	1-211					□ Ch	anne	Addition
NAME	UTT, BEN	ITLEY			4	4. 2 NAME						L	lungo	
STREET ADDRESS	1234 121	H COURT				4.3 STREET	ADDRESS							
CITY-ST-ZIP	JUPITER	FL				4.4 CITY - ST								
TITLE					DELETE	5.1 TITLE		VPD				□ Ch	iange	Addition
NAME						5.2 NAME		WILLIA	rm	SMIT!	1			
STREET ADDRESS						5.3 STREET	ADDRESS	1805	18th	Covet	•			
CITY-ST-ZIP						5.4 CITY - ST	r - ZIP	TABILE	n (<u> </u>				
TITLE					DELETE	61 TITLE	T					Ch	ange	Addition
NAME						6.2 NAME								
STREET ADDRESS						63 STREET	ADDRESS							
CITY-ST-ZIP			P - 1 - 60°	vi - zac		64 CHY-S1	- ZIP							

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

CAN Bullofuso
TURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR