


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03459** (7)

1. Corporation Name

THE LAKES AT THE BLUFFS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1165 11TH COURT.
JUPITER FL 33477

1165 11TH COURT.
JUPITER FL 33477-9002

3. Date Incorporated or Qualified
06/06/1984

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2430779

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARD DICKER, ESQ.
ST JOHN KING & DICKES
500 AUSTRALIAN AVE, S.
WEST PALM BEACH FL 33401**

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 **~~STB~~** ☐ DELETE
NAME **DAVIS, JOSEPHINE**
STREET ADDRESS **1144 11TH COURT**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **DAVIS, M. JOSEPHINE**
1.3 STREET ADDRESS **1144 11th CT**
1.4 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **PD** ☒ DELETE
NAME **BUTTAUOCO, JEAN**
STREET ADDRESS **219 RIDGE ROAD**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE **PRESIDENT, DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **JOHN MADDEN, JOHN W**
2.3 STREET ADDRESS **1601 16th CT**
2.4 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VPB** ☐ DELETE
NAME **WILLIAM SMITH**
STREET ADDRESS **1803 18TH COURT**
CITY-ST-ZIP **JUPITER FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **William Smith**
3.3 STREET ADDRESS **1803 18th CT**
3.4 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **VPD** ☐ Change ☒ Addition
4.2 NAME **HERMINIA MOTT, HERMINIA**
4.3 STREET ADDRESS **1938 19th COURT**
4.4 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **ZNDUPD** ☐ Change ☒ Addition
5.2 NAME **SEGRETO, JACK**
5.3 STREET ADDRESS **1305 13th CT**
5.4 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044535

CR2E037 (9/96)