


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
**1165 11TH COURT.
JUPITER FL 33477**

Mailing Address
**1165 11TH COURT.
JUPITER FL 33477**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/06/1984

4. FEI Number
59-2430779

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOSEPHINE	
STREET ADDRESS	1144 11TH COURT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MADDEN, JOHN W.	
STREET ADDRESS	1601 16TH CT.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM SMITH	
STREET ADDRESS	1803 18TH COURT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MOTT, HERMINIA	
STREET ADDRESS	1938 18TH CT.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	2VP	<input checked="" type="checkbox"/> DELETE
NAME	SEGRETO, JACK	
STREET ADDRESS	1305 13TH CT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK Segreto	
1.3 STREET ADDRESS	1305 13th CT	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sam Longo	
2.3 STREET ADDRESS	1002 10th CT	
2.4 CITY-ST-ZIP	Jupiter FL 33477	
3.1 TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joe Romano	
3.3 STREET ADDRESS	1310 13th CT	
3.4 CITY-ST-ZIP	Jupiter FL 33477	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susan Romano	
4.3 STREET ADDRESS	1310 13th CT	
4.4 CITY-ST-ZIP	Jupiter FL 33477	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Turner	
5.3 STREET ADDRESS	1010 10th CT	
5.4 CITY-ST-ZIP	Jupiter FL 33477	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Jack Segreto 4/2/98 561-622-1435

CR2E037 (10/97)