


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90074 006 \*\*\*\*61.25

0046817

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N03459</b>					
1. Corporation Name <b>THE LAKES AT THE BLUFFS HOMEOWNERS ASSOCIATION, INC.</b>					
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 Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>06/06/1984</b>	
				4. FEI Number <b>59-2430779</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>EDWARD DICKER, ESQ. ST JOHN KING &amp; DICKES 500 AUSTRALIAN AVE, S. WEST PALM BEACH FL 33401</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Jack Segreto (Pres)* 1/4/99 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LONGO, SAM			1.2 NAME	<i>Barbara Wittstein</i>		
STREET ADDRESS	1002 10TH COURT	<i>Sam Longo</i>		1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			1.4 CITY-ST-ZIP			
TITLE	<del>VP</del> Treasurer		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMANO, JOE	<i>Joe Romano</i>		2.2 NAME			
STREET ADDRESS	1310 13TH COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			2.4 CITY-ST-ZIP			
TITLE	<del>SD</del>		<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMANO, SUSAN			3.2 NAME			
STREET ADDRESS	1310 13TH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			3.4 CITY-ST-ZIP			
TITLE	<del>TD</del>		<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, JOHN			4.2 NAME			
STREET ADDRESS	1010 10TH COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			4.4 CITY-ST-ZIP			
TITLE	PD		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGRETO, JACK	<i>Jack Segreto</i>		5.2 NAME			
STREET ADDRESS	1305 13TH CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			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 617, 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** *Jack Segreto (Pres)* 1/4/99 622-1635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)