

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N08129 (1)**

1. Corporation Name

**BAMBOO LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O JIM LAWLESS  
3113 SOUTHWEST 23RD STREET  
PEMBROKE PARK FL 33009-9023

C/O JIM LAWLESS  
3113 SOUTHWEST 23RD STREET  
PEMBROKE PARK FL 33009-9023

3. Date Incorporated or Qualified  
**03/13/1985**

3a. Date of Last Report  
**04/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-2068441**

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

**ZIEMBA, JOHN  
3003 SW 23RD STREET  
PEMBROKE PARK FL 33009**

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 *John Ziemba*  
Signature, typed or printed name of registered agent and title if applicable

*SAME*  
(NOTE: Registered Agent signature required when reinstating)

*2-8-96*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAWLESS, JIM	
STREET ADDRESS	3113 SW 23RD ST	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORMAND, OUELLET	
STREET ADDRESS	2317 SW 30RD COURT	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAIN, ROBERT	
STREET ADDRESS	2315 SW 30TH CT.	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZIEMBA, JOHN	
STREET ADDRESS	3003 S.W. 23RD STREET	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERGERON, CARMEN	
STREET ADDRESS	3106 SW 24TH ST.	
CITY-ST-ZIP	PEMBROKE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *John Ziemba*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-8-96. (954) 963-4672*  
Date Daytime Phone #

CR2E037 (12/95)