

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10671** (8)

1. Corporation Name

**THE LAKE FOREST TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3700 SW 32 CT  
HOLLYWOOD FL 33023**

**3700 SW 32 CT  
HOLLYWOOD FL 33023**

3. Date Incorporated or Qualified

**08/13/1985**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

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

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

10. Name and Address of New Registered Agent

**PHILLIPS, JOSEPH  
3700 SW 32 CT  
HOLLYWOOD FL 33023**

**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 **PD** ☐ DELETE  
NAME **PHILLIPS, JOSEPH**  
STREET ADDRESS **3700 SW 32 CT**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE  
NAME **~~PARK, DAVID~~**  
STREET ADDRESS **~~4829 S.W. 31 DR.~~**  
CITY-ST-ZIP **~~HOLLYWOOD FL~~**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VP**  
2.3 STREET ADDRESS **CLARA GUTMAN**  
2.4 CITY-ST-ZIP **4200 SW 32 CT**  
**Hollywood FL 33023**

TITLE **T** ☒ DELETE  
NAME **MEYER, LUVENIA**  
STREET ADDRESS **4200 S.W. 30 ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **JAMES WILKIE**  
3.3 STREET ADDRESS **4401 SW 31 Dr.**  
3.4 CITY-ST-ZIP **Hollywood FL 33023**

TITLE **S** ☐ DELETE  
NAME **PARK, APRIL**  
STREET ADDRESS **4829 SW 31 DR.**  
CITY-ST-ZIP **HOLLYWOOD FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **ANDERSON, STEVE**  
STREET ADDRESS **4829 SW 32 ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **BAPT, Allan**  
5.3 STREET ADDRESS **3320 SW 40 Ave.**  
5.4 CITY-ST-ZIP **Hollywood FL 33023**

TITLE **D** ☒ DELETE  
NAME **ROHRER, MICHAEL**  
STREET ADDRESS **4220 S.W. 80 ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **Dr. Mayar, Cindy**  
6.3 STREET ADDRESS **4501 S.W. 31 Dr.**  
6.4 CITY-ST-ZIP **Hollywood FL 33023**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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: *Joseph D. Phillips* **Joseph D. Phillips**

954-966-5451

CR2E037 (10/97)