

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90014 021 ****61.25

DOCUMENT # N10671

1. Entity Name

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



Principal Place of Business

**4020 SW 33RD STREET
HOLLYWOOD FL 33023
US**

Mailing Address

**4020 SW 33RD STREET
HOLLYWOOD FL 33023
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FYFFE, SHARON M
4020 SW 33RD STREET
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
STREET ADDRESS FYFFE, SHARON M
CITY-ST-ZIP 4020 SW 33RD STREET
HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME V
STREET ADDRESS BAPTY, MARY
CITY-ST-ZIP 3320 SW 40TH AVE
HOLLYWOOD FL 33023

TITLE ☒ Delete
NAME T
STREET ADDRESS WILKIE, JAMES
CITY-ST-ZIP 4401 SW 31 DR
HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME S
STREET ADDRESS MARTIN, SYLVINE
CITY-ST-ZIP 4629 SW 31 DR.
HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME D
STREET ADDRESS JONAS, VICKIE
CITY-ST-ZIP 3832 SW 33RD CT
HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME D
STREET ADDRESS WAGNER, MELBA
CITY-ST-ZIP 4031 SW 31ST DR
HOLLYWOOD FL 33023

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Eshleman, Helen C.
CITY-ST-ZIP 4030 SW 33 ST
Hollywood, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Fyffe* **SHARON FYFFE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

954-963-7745

Daytime Phone #