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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N27733

(7)

THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION . INC.

Principal Plac									5 1801 10 10 10 10 10 10			BIBSI AHBH IBBI
	e of Business		Mailing	Address								
	MANAGEMENT			LANG MANAGE								
	i center road On FL 33486	5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486										
DOON THIC	UN FE 33400		B CC.	A TIKION PL 30	-100				3. Date Incorporated or Qualified 08/03/1988		te of Last I	
2. Principal F	Place of Busines	SS	2a . Ma	iling Address					4. FEI Number		I A	upplied For
21			26	26					65-0085121			lot Applicable
Suite, Apt.	. #, etc.			ite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27							<u> </u>		Required
City & Stat	te		— ·	y & State					6. Election Campaign Financing			May Be
23 ∫ Zip		Country	28 Zip			ountry			Trust Fund Contribution			to Fees
24		25	29	,	30	Outing		'	 This corporation has liability for in Florida Statutes 	Trangible ta:		199.032,
		and Address of Currer	11	d Agent	[00]			<u>_</u>	0. Name and Address of New Ro			
						81	Name					
ISAACI	SON WW K					82	Ctroot	Addraga	(D.O. Boy Number is Not Assentable	lo)		
	ISAACSON, WM. K. C/O MANAGEMENT CO. INC.						Sireet	Address	tdress (P.O. Box Number is Not Acceptable)			
5295 TOWN CENTER SUITE 200 BOCA RATON FL 33486						83						
						04	Ois.				[05] Z	Codo
500.1		0 100				84	City			FL	85 Zip	Code
11. Pursuant	to the provision	ns of Sections 617.0502	2 and 617.15	08, Florida Statu	utes, the a	bove-r	named co	orporation	submits this statement for the purp	pose of cha	nging its r	gistered office
or registe familiar v	ered agent, or b vith, and accept	oth, in the State of Flori t the obligations of, Seci	ida. Such cha tion 617.050	ange was author 3. Florida Statuti	rized by th es.	e corp	oration's	board of	directors. I hereby accept the appo	intment as	registered	agent. I am
SIGNATURE		•		,								
SIGNATURE	Signature, typed or	printed name of registered agent	if and fittle if applica	able. (I	NOTE Registe	red Ager	t signature r	required wher	n reinstating)	DATE		
12.		OFFICERS AN	D DIRECTOR		1				ADDITIONS/CHANGES TO OFFI			
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CHY-SI-ZIP	BOCA R			Filestre	1.4	CITY-S					T Channe	Addition
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SIGNATURE: // Stonly tariles //

407-250-8800 Daytrine Prione #