

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 # **N27733** (7)

1. Corporation Name

THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO.
5295 TOWN CENTER ROAD #200
BOCA RATON FL 33486

C/O LANG MANAGEMENT CO.
5295 TOWN CENTER ROAD #200
BOCA RATON FL 33486

3. Date Incorporated or Qualified
08/03/1988

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0085121

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

ISAACSON, WM. K.
C/O MANAGEMENT CO. INC.
5295 TOWN CENTER SUITE 200
BOCA RATON FL 33486

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 SD DELETE
NAME FOLZ, HAROLD
STREET ADDRESS 5871 BRIDLEWAY CIR
CITY-ST-ZIP BOCA RATON FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D DELETE
NAME RABINOWITZ, JUDITH
STREET ADDRESS 5810 BRIDLEWAY CIRCLE
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME ~~TOBINSON, LEONARD~~
STREET ADDRESS 17276 BRIDLEWAY TRAIL
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE Change Addition
3.2 NAME ROBINSON
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME RASSLER, H. STANLEY
STREET ADDRESS 17278 BRIDLEWAY TRAIL
CITY-ST-ZIP BOCA RATON FL

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

TITLE VD DELETE
NAME WHITE, HENRY
STREET ADDRESS 5030 CHAMPION BLVD STE 6-293
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD DELETE
NAME SCHUPAK, LAWRENCE
STREET ADDRESS 5470 BRIDLEWAY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

6.1 TITLE Change 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: *H. Stanley Ressler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
Date

407-750-8800
Daytime Phone #

CR2E037 (12/95)