

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

3. Date Incorporated or Qualified 08/03/1988  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 65-0085121  
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

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 33488

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 FOCZ, HAROLD  
STREET ADDRESS 5871 BRIDLEWAY CIR  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE D  Change  Addition  
1.2 NAME DAVID SAGINOR  
1.3 STREET ADDRESS 5770 BRIDLEWAY CIR  
1.4 CITY-ST-ZIP BOCA RATON, FL 33496

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

2.1 TITLE D  Change  Addition  
2.2 NAME DAVID GOLD BLATT  
2.3 STREET ADDRESS 5841 BRIDLEWAY CIR  
2.4 CITY-ST-ZIP BOCA RATON, FL 33496

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

3.1 TITLE  Change  Addition  
3.2 NAME  
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 does not qualify for the exemption stated in Section 119.07(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 as a result of appointment with an address.

SIGNATURE: *[Signature]* 1/28/97 561-241-2374  
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone # 0045107

CR2E037 (9/96)