


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90132 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N 27733 *OK*

1. Corporation Name  
 THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business C/O LANG MANAGEMENT CO 5295 TOWN CENTER RD #200 BOCA RATON, FL 33486	Mailing Address C/O LANG MANAGEMENT CO 5295 TOWN CENTER RD, #200 BOCA RATON, FL 33486
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	3. Date Incorporated or Qualified 08/03/1988	4. FEI Number 65-0085121 Applied For Not Applicable
24. Zip Country	29. Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
	30. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ISAACSON, WM. K. C/O LANG MANAGEMENT CO. 5295 TOWN CENTER RD, SUITE 200 BOCA RATON, FL 33486	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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	FOIZ, HAROLD 5871 BRIDLEWAY CIR BOCA RATON FL	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	33496
TITLE D	ROBINSON, LEONARD 17276 BRIDLEWAY TRAIL BOCA RATON FL	2.1 TITLE VP, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	33496
TITLE D	SAGINOR, DAVID 5880 BRIDLEWAY CIR BOCA RATON FL	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HELLMAN, MAYNARD
STREET ADDRESS		3.3 STREET ADDRESS	17270 BRIDLEWAY TRAIL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE PD	RASSLER, H. STANLEY 17278 BRIDLEWAY TRAIL BOCA RATON FL	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GOLD BLATT, DAVID
STREET ADDRESS		4.3 STREET ADDRESS	5841 BRIDLEWAY CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE VD	WHITE, HENRY 5030 CHAMPION BLVD STE 6-293 BOCA RATON FL	5.1 TITLE S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PREUER, NAOMI
STREET ADDRESS		5.3 STREET ADDRESS	5791 BRIDLEWAY CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE TD	SCHUPAK, LAWRENCE 5470 BRIDLEWAY CIRCLE BOCA RATON FL 33496	6.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SANFORD, SANDY
STREET ADDRESS		6.3 STREET ADDRESS	5750 BRIDLEWAY CIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL 33496

14. 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 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, with all other like empowered.

SIGNATURE: *H. Stanley Rassler* Date: *4/15/99* Daytime Phone #: *(904) 241-2374*