

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90022 022 ****61.25

DOCUMENT # N27733

1. Entity Name
THE LAKES OF SUTTON PLACE HOMEOWNERS ASSOCIATION

Principal Place of Business C/O LANG MANAGEMENT CO. 5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486	Mailing Address C/O LANG MANAGEMENT CO. 5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486-1080
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/O Glen Management Services</i>	3. Mailing Address <i>C/O Glen Management Services</i>
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Suite, Apt. #, etc. <i>301 W. Camino Gardens Blvd</i>	Suite, Apt. #, etc. <i>P. O. Box 1390</i>
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City & State <i>BOCA RATON, FL</i>	City & State <i>BOCA RATON, FL</i>
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4. FEI Number 65-0085121	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33432</i>	Country <i>USA</i>	Zip <i>33429</i>	Country <i>USA</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 ISAACSON, WM. K.
 C/O MANAGEMENT CO. INC.
 5295 TOWN CENTER SUITE 200
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name
ANDREW C. Glen
 Street Address (P.O. Box Number is Not Acceptable)
C/O Glen Management Services, Inc.
301 W. Camino Gardens Blvd, Suite 200
 City
BOCA RATON FL Zip Code
33432

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.

SIGNATURE *A. Glen* DATE *2/8/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE D	NAME FOLZ, HAROLD	STREET ADDRESS 5871 BRIDLEWAY CIR	CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE P	NAME ROBINSON, LEONARD	STREET ADDRESS 17276 BRIDLEWAY TRAIL	CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE D	NAME HELLMAN, MAYNARD	STREET ADDRESS 17270 BRIDLEWAY TRAIL	CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE D	NAME RASSLER, H. STANLEY	STREET ADDRESS 17276 BRIDLEWAY TRAIL	CITY-ST-ZIP BOCA RATON, FL	<input checked="" type="checkbox"/> Delete
TITLE D	NAME GOLDBLATT, DAVID	STREET ADDRESS 5841 BRIDLEWAY TRAIL	CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE TD	NAME SANFORD, SANDY	STREET ADDRESS 5750 BRIDLEWAY TRAIL	CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME David Luber	STREET ADDRESS 5890 Bridleway Circle	CITY-ST-ZIP Boca Raton, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME Leon Luber	STREET ADDRESS 5861 Bridleway Circle	CITY-ST-ZIP Boca Raton, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *S. C. [Signature]* **REQUIRED** Date *(501) 995-1637* Daytime Phone #

CR12E037 (9/99)