


2-4-98 0-1-98  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N36151 (1)**  
 1. Corporation Name  
**LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business C/O D C I 2901 SIMMS ST HOLLYWOOD FL 33020	Mailing Address C/O D C I 2901 SIMMS ST HOLLYWOOD FL 33020
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3. Date Incorporated or Qualified  
**01/18/1990**

4. FEI Number  
**59-1730943**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MEYROWITZ, ANDREW**  
 C/O D C I  
 2901 SIMMS ST  
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, LEOPOLDO	1.2 NAME	Werner Boeglin
STREET ADDRESS	8985 NW 188TH TERRACE	1.3 STREET ADDRESS	8801 N. W. 189th Terrace
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, PEDRO	2.2 NAME	Juan Garcia
STREET ADDRESS	8986 NW 188TH TERRACE	2.3 STREET ADDRESS	9129 N.W. 192 Terrace
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, SIXTO	3.2 NAME	George Fernandez
STREET ADDRESS	8870 NW 196 ST	3.3 STREET ADDRESS	9071 N.W. 190th Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUHART, CYNTHIA	4.2 NAME	
STREET ADDRESS	8741 NW 189 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLES, MICCHARL	5.2 NAME	
STREET ADDRESS	18721 NW 88 CCT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANCIO, HUGO	6.2 NAME	
STREET ADDRESS	8757 NW 189TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 in an attachment with an address.

**SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED**

1/8/98

CR2E037 (10/97)