


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90013 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36151

1. Corporation Name

LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.

* 1 115999 90013 032 9 *

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/18/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1730943
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MEYROWITZ, ANDREW C/O D C I 2901 SIMMS ST HOLLYWOOD FL 33020		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		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	D <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOEGLIN, WERNER	1.2 NAME	Garcia, Leopoldo
STREET ADDRESS	8801 N W 189 TERRACE	1.3 STREET ADDRESS	8985 NW 188th Terrace
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	Miami, Fl 33015
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, JUAN	2.2 NAME	Gonzalez, Pedro
STREET ADDRESS	9129 NW 192 TERRACE	2.3 STREET ADDRESS	8986 NW 188th Terrace
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	Miami, Fl 33015
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, GEORGE	3.2 NAME	
STREET ADDRESS	9071 NW 190TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (1/98)