

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90213 030 ****61.25
 04-20-2000 90018 025 ****61.25

DOCUMENT # N36151
 1. Entity Name

Principal Place of Business Mailing Address
LAKES ON THE GREEN HOMEOWNERS" ASSOCIATION INC
C/o DCI
2901 Simms Street
Hollywood, FL 33020

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1730943** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 PRES NAME STREET ADDRESS CITY-ST-ZIP	George Fernandez <input type="checkbox"/> Delete 9071 NW 190 Street Miami, FL 33015
TITLE TR NAME STREET ADDRESS CITY-ST-ZIP	Pedro Gonzales <input type="checkbox"/> Delete 8986 NW 188 Terrace Miami, FL 33015
TITLE SEC NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Fluhart <input type="checkbox"/> Delete 8741 NW 189 Terrace Miami, FL 33015
TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP	Werner Boeglin <input type="checkbox"/> Delete 8801 NW 189 Terrace Miami, Fla 33015
TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP	Felipe Bestini <input type="checkbox"/> Delete 18752 NW 90 Avenue Miami, Fl 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Gay...* **5/10/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)