

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36331 (9)
1. Corporation Name
LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 450821, SUNRISE FL 33345-7821
Mailing Address: P.O. BOX 450821, SUNRISE FL 33345-7821

3. Date Incorporated or Qualified: **01/29/1990**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0302274	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GROTHAUSE, TIMOTHY A 10656 LAGO WELLEBY DR SUNRISE FL 33351		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

I, 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 617.1503, Florida Statutes.

SIGNATURE: *Timothy A. Grothouse* **TIMOTHY A. GROTHAUSE** DATE: **4/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, DONOVAN	12 NAME	
STREET ADDRESS	10648 LAGO WELLEBY DR	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTHAUSE, TIMOTHY	22 NAME	
STREET ADDRESS	10656 LAGO WELLEBY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ILENE	32 NAME	
STREET ADDRESS	10644 LAGO WELLEBY DR	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, ROBERT	42 NAME	
STREET ADDRESS	10757 LAGO WELLEBY DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	D.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELEY, ADRIAN	52 NAME	
STREET ADDRESS	10669 LAGO WELLEBY DR	53 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	100001844841 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-05/30/96--01077--020
STREET ADDRESS		63 STREET ADDRESS	***61.25
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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.

SIGNATURE: *Timothy A. Grothouse* **TIMOTHY A. GROTHAUSE** DATE: **4/15/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 954-723-5915

CR2E037 (12/95)