

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002169 (1)
 1. Corporation Name

LA RESIDENZA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **1512 E. BROWARD BLVD. SUITE 200 FORT LAUDERDALE FL 33301**
 Mailing Address: **1512 E. BROWARD BLVD. SUITE 200 FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **05/10/1993**
 3a. Date of Last Report: **03/10/1995**
 4. FEI Number: **65-0412662**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

9. Name and Address of Current Registered Agent

**MCCRORY, J. WALTER
 1512 E. BROWARD BLVD.
 SUITE 200
 FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHLOSS, MATTHEW M	
STREET ADDRESS	1512 E. BROWARD BLVD., # 200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	STDP	<input checked="" type="checkbox"/> DELETE
NAME	MCCRORY, J. WALTER	
STREET ADDRESS	1512 E. BROWARD BLVD., # 200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTRANGE, NILE R	
STREET ADDRESS	4800 N. FEDERAL HWY.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCCRORY, JOHN W.	
1.3 STREET ADDRESS	535 NE 17th WAY	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCRORY, J. WALTER	
2.3 STREET ADDRESS	1512 E. BROWARD BLVD # 200	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

SIGNATURE:

Matthew M Schloss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-17-96 954-463-6124

CR2E037 (3/96)