

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:19

DOCUMENT # **N93000002570 (0)**

1. Corporation Name

LENNAR HOMES AT LAGO MAR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O COURTESY PROP. MGT.
13500 N. KENDALL DRIVE, STE. 140
MIAMI FL 33186
US

C/O COURTESY PROP. MGT.
13500 N. KENDALL DRIVE, STE. 140
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 03/03/1994
4. FEI Number 65-0437033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J
700 N.W. 107TH AVE.
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name SKRLD, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102
83 City Coral Gables
84 State FL
85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *SKRLD, Inc. by Lisa A. Ferrer* DATE **3/20/95**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SANTURIO, CARMEN
STREET ADDRESS 730 N.W. 107TH AVE.	CITY-ST-ZIP MIAMI FL 33172
TITLE VD	NAME HUTSON, ROBERT
STREET ADDRESS 730 N.W. 107TH AVE.	CITY-ST-ZIP MIAMI FL 33172
TITLE STD	NAME GEARY, DENISE
STREET ADDRESS 730 N.W. 107TH AVE.	CITY-ST-ZIP MIAMI FL 33172
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Jay Reichbaum	
1.3 STREET ADDRESS 15831 SW 80 Lane	
1.4 CITY-ST-ZIP Miami, FL 33193	
2.1 TITLE Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Kenneth Scheckman	
2.3 STREET ADDRESS 8063 SW 158 Court	
2.4 CITY-ST-ZIP Miami, FL 33193	
3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ellen Raskin	
3.3 STREET ADDRESS 8105 SW 158 Place	
3.4 CITY-ST-ZIP Miami, FL 33193	
4.1 TITLE Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Frank Irizarry	
4.3 STREET ADDRESS 8031 SW 158 Place	
4.4 CITY-ST-ZIP Miami, FL 33193	
5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Mario Vasquez	
5.3 STREET ADDRESS 8064 SW 158 Court	
5.4 CITY-ST-ZIP Miami, FL 33193	
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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Jay Reichbaum* DATE _____ DAYTIME PHONE # _____