## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N93000002570 (0)

LENNAR HOMES AT LAGO MAR HOMEOWNERS ASSOCIATION,

## **FILED** Feb 24 1998 8:00am Secretary of State

i,	INC.										
Principal Place of Business Mailing Address							1	r sooriidi did 18185 kiilis galal obkit dokit dokit gakid tiddir Eli	/// 100/1 <b>20</b> // 1001		
8380 SUNSET DR 8250 Miami Fl 33173 US			9380 SUNSET DRIVE SUITE 13250 MIAMI FL 33173	SUITE 13250				Date Incorporated or Qualified 06/08/1993			
			US				4.	65-0437033	Applied For Not Applicable		
2. <sub>[</sub> 21	Principal Place of Business		28. Mailing Address 26	<del> </del>			5.	Certificate of Status Desired 🗵 \$8.7	5 Additional Required		
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>   </del>			6.		\$5.00 May Be Added to Fees		
23	City & State		City & State	t-n ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			7. Is this nonprofit corporation a homeowners association?  X Yes No				
24		Country 25	Z(p	Country 30			8.	This corporation owes or has pald the current year Personal Property Tax due June 30.	r Intangible No		
9. Name and Address of Current Registered Agent							10.	Name and Address of New Registered Agent			
	SKLRD, INC				81 82	Name Street Addre	ess (F	P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
	201 ALHAMBRA CII STE 1102										
CORAL GABLES FL 33134						City		FL  85   2	85 Zip Code		
11.	office or registered ac	gent, or both, in the Sta	502 and 617.1508, Florida Statu ate of Florida. Such change was digations of, Section 617.0503, F	authorize	d by	the corporati	oratio ion's t	on submits this statement for the purpose of changir board of directors. I hereby accept the appointment	ig its registered : as registered		

SIGNATURE .		·····					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: R	egistered Agent signature r		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE	S TO OFFICERS AND D		
TITLE	PD	DELETE	1.1 TITLE		L	Change	Addition
NAME	REICHBAUM, JAY	1	1.2 NAME				
STREET ADDRESS	15831 SW 80 LANE		1.3 STREET ADDRESS				1
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	SD	DELETE	2.1 TITLE			Change	Addition
NAME	raskin, ellen		2.2 NAME				
STREET ADDRESS	8105 SW 158 PL		2.3 STREET ADORESS				İ
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE	TD	DELETE	3.1 TITLE		Ĺ	Change	Addition
NAME	IRIZARRY, FRANK		3.2 NAME				
STREET ADDRESS	8031 SW 158 PL		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP				
TITLE	D	DELETE	4.1 TITLE		L	Change	☐ Addition
NAME	VASQUEZ, MARIO		4.2 NAME				
STREET ADDRESS	8064 SW 158 CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAM) FL		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP			_	
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				

1 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 suppliemental 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 12 or Block 13 or Block 14 or Block 15 or Block 16 or Block 16 or Block 16 or Block 17 or Block 17 or Block 17 or Block 18 or Block 18 or Block 19 o