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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002570

1. Corporation Name

LENNAR HOMES AT LAGO MAR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9380 SUNSET DR B250
MIAMI FL 33173
US

Mailing Address

9380 SUNSET DRIVE
SUITE 13250
MIAMI FL 33173
US



2. Principal Place of Business

21 13259 SW 135 AVE

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

Zip Country

24 33186

25 DADE

2a. Mailing Address

26 13250 SW 135 AVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

Zip Country

29 33186

30 DADE

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number
65-0437033

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

9. Name and Address of Current Registered Agent

SKLRD, INC
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REICHBAUM, JAY
STREET ADDRESS 15831 SW 80 LANE
CITY-ST-ZIP MIAMI FL

DELETE

TITLE SD
NAME RASKIN, ELLEN
STREET ADDRESS 8105 SW 158 PL
CITY-ST-ZIP MIAMI FL

DELETE

TITLE TD
NAME IRIZARRY, FRANK
STREET ADDRESS 8031 SW 158 PL
CITY-ST-ZIP MIAMI FL

DELETE

TITLE D
NAME VASQUEZ, MARIO
STREET ADDRESS 8064 SW 158 CT
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)