2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB)

FILED Feb 24, 2003 8:00 am Secretary of State

יו בוווווץ וּי.	UMENT # N93000 LAKE VILLAGE HOMEOWNERS				02-05-2003 90113	030 ****61.25		
1200 LEMONWOOD STREET 142		Mailing Address 14275 SW 142 AVENUE MIAM! FL 33186	14275 SW 142 AVENUE					
2. Principa	al Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		HECK HERE IF MAKING	CHANGES		
City & State		City & State	City & State		4. FEI Number 65-0444578 Applied For			
Zip Country		Zíp	Zip Country		Not Applicable			
	6. Name and Address of Current	Booletoned &				ee Required		
-	o. Name and Address of Current	Hegistered Agent	-Name -	7. Name and Addr	iss of New Registered A	gent	コ	
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134		. 	,		P.OBox Number is Not Acceptable)			
			City		FL	Zip Code	-	
SIGNATURE Signature, typed or pointed name of registered agent and title if a		9. Election Can	9. Election Campaign Financing Trust Fund Contribution.		Make Check I	Payable to		
10.	OFFICERS AND DIR	0.000						
TITLE	P OFFICERS AND DIR	Delete	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN 10	_ [
NAME STREET ADDRESS CITY-ST-ZIP	VETTER, JOHN 1200 LEMONWOOD ST HOLLYWOOD FL 33019	L.J Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change Addition	R2E037 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEINMAN, ALLEN 1200 LEMONWOOD ST HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	CRZE(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRASSNER, NATALIE 1200 LEMONWOOD ST HOLLYWOOD FL 33019	Delete	TITLE		.a C	Change 🔲 Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PALUMBO, BOB 1200 LEMONWOOD ST HOLLYWOOD FL 33019	☐ Delste	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		
TITLE NAME STREET ADDRESS	KAUFMAN, EUZABERH D 1200 LEMONWOOD ST	☐ Delate	TITLE NAME STREET ADDRESS			Change		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if nt with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

HOLLYWOOD FL 33019

HOLEST HOOD THE STATIS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delate

☐ Change

☐ Addition