


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001974 (4) 1. Corporation Name CONCERNED CITIZENS OF HOLIDAY LAKE APARTMENTS, I NC.			
Principal Place of Business 733 N. POWERLINE ROAD POMPANO BEACH FL 33069		Mailing Address 733 N. POWERLINE ROAD POMPANO BEACH FL 33069-2311	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 30	
Country 25		Country 29	
9. Name and Address of Current Registered Agent BOYKIN, MICHAEL 751 N. POWERLINE ROAD, APT. 74 POMPANO BEACH FL 33069			
10. Name and Address of New Registered Agent 81 Name Love Lela Mae 82 Street Address (P.O. Box Number is Not Acceptable) 617 N Powerline Rd #8 83 PO Box 9547977-2933 84 City Pompano Beach FL 85 Zip Code 33069			
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 obligation of, Section 617.0503, Florida Statutes. SIGNATURE <i>Lela Mae Love</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME LOVE, LELA MEA 1.3 STREET ADDRESS 611 N. POWERLINE RD. 1.4 CITY-ST-ZIP POMPANO BEACH FL 33069 1.5 DELETE <input type="checkbox"/> 2.1 TITLE VD 2.2 NAME BOYKIN, MICHAEL 2.3 STREET ADDRESS 751 NORTH POWER RD. 2.4 CITY-ST-ZIP POMPANO BEACH FL 33069 2.5 DELETE <input type="checkbox"/> 3.1 TITLE VD 3.2 NAME THOMAS, V 3.3 STREET ADDRESS 701 NORTH POWERLINE RD. 3.4 CITY-ST-ZIP POMPANO BEACH FL 33069 3.5 DELETE <input type="checkbox"/> 4.1 TITLE SD 4.2 NAME SMITH, BETTY 4.3 STREET ADDRESS 629 NORTH POWERLINE RD. 4.4 CITY-ST-ZIP POMPANO BEACH FL 33069 4.5 DELETE <input type="checkbox"/> 5.1 TITLE TD 5.2 NAME AKINS, CLAUDIA 5.3 STREET ADDRESS 916 NORTH POWERLINE RD. 5.4 CITY-ST-ZIP POMPANO BEACH FL 33069 5.5 DELETE <input type="checkbox"/> 6.1 TITLE P 6.2 NAME WILKIS, LILLIE 6.3 STREET ADDRESS 733 N POWERLINE RD. 6.4 CITY-ST-ZIP POMPANO BEACH FL 33069 6.5 DELETE <input type="checkbox"/>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <i>No. Love Live out here</i>			
14. I do 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. SIGNATURE: <i>Lela Mae Love</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <i>Mar 24 1997</i>			



CR2E037 (9/96)