## 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

N96000003400 (6) **POCUMENT #** 

FILED

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SECRETARY OF STATE

1. Corporatio	u i ianue	<b>\'</b>		TALLAH SSEE, HLOAIDA	
LAKE S	SHORE VILLAGE NEIGHBOR	RHOOD ASSOCIATION.	INC '	Madacon i socially a recommend	
	one means			I ARRAMAN AND ING BANKA BANKA BANKA BANKA BANKA BANKA BANKA AKAMA MAKA BANKA BANKA BANKA	H <b>46</b> 1
Principal Plac	e of Business	Mailing Address		a contribit aco intro direc and abilit abilit antici dolla filiti brait abilit abilit	100
4398 NW 25TH WAY 4398 NW 25TH WAY				A D	<u>-</u>
BOCA RATON FL 33434 BOCA RATON FL 33434				3. Date Incorporated or Qualified	ĺ
				06/24/1996 4. FEI Number	
2. Principal P	lace of Business	2a. Mailing Address		APPLIED FOR Not Appl	
	1350 Sunset Dr.	L	nat Dr.	5. Certificate of Status Desired S8.75 Addition	
Sulte, Apt.		Suite, Ap1. #, etc.	nsel p.	6. Election Campaign Financing \$5.00 May 86	
	Suite 100	27 Juite	100	6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees	•
City & State		City & State	1	7. Is this nonprofit corporation a homeowners association?	
23 M	mai Florda	28 Mami	FL.	Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	e
24 331	75 25 05.	29 33173 3	0 0.5	Personal Property Tax due June 30. Yes No	J
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name	Corporation Service Company	- 1
BUTCHER, BETTY				Address (P.O. Box Number is Not Acceptable)	
4398 NW 25TH WAY			82 Street	1201 HAYS St.	
BOCA RATON FL 33434					
1			84 City	85 Zip Code	
				TALIALIASSEE FL 3230	<i>1</i>
11 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor				corporation submits this statement for the purpose of changing its regis	tered
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 it 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 agent, I am Aprillian with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  1. S					erea
SIGNATURE !	Nelworah N. Sk	CIDDRE as agent	t	4-28-98	1
	Signature, typed or printed name of registered age	nt frid it is if applicable (MOTE: F	Registered Agent signature	e required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PU PUTOUED DETTY	DELETE	1.1 TITLE	1 . 1	Addition
NAME	BUTCHER, BETTY		1.2 NAME	Hal Eisevacher	
STREET ADDRESS	4398 NW 25TH WAY		1.3 STREET ADDRESS	9350 Sunat Dr.	
CITY-ST-ZIP	BOCA RATON FL 33434	DELETE	1.4 CITY-ST-ZIP	Man: F( 33173   Change   247	i dilitara
TITLE	VD PUTCUED STEVE	M DECEIE	2.1 TITLE		ddition
NAME	BUTCHER, STEVE		2.2 NAME	Dinum Ibarria	
STREET ADDRESS	4398 NW 25TH WAY		2.3 STREET ADDRESS	9350 Sunset Dr.	
CITY-ST-ZIP	BOCA RATON FL 33434	DELETE	2.4 CITY-ST-ZIP	miami FL 33173	atalista a
TITLE	STD	DELETE	3.1 TITLE	Jim Carr D Change XA	ddition
NAME	BUTCHER, JEFF		3.2 NAME	9350 Sunsof Dr.	
STREET ADDRESS	4398 NW 25TH WAY		3.3 STREET ADDRESS	1	1
CITY-ST-ZIP	BOCA RATON FL 33434	DELETE	3.4. CITY - ST - ZIP	Miami, FL 33173	el el la la m
TITLE		C DETEIE	4.1 TiTLE		ddition
NAME			4. 2 NAME	500002517455-	-3
STREET ADDRESS			4.3 STREET ADDRESS	50000251 <b>74</b> 55- -05/03/980108800	4
CITY-ST-ZIP		Delete	4.4 CITY-ST-ZIP	*****61.25 *****\$1.	-25
TITLE		☐ DELETE	5.1 TITLE	L Change LTA	וויטוווטטו
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS	,	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	/	alatiki e -
TITLE		☐ DELETE	6.1 TITLE	98 □ Change □ A	ddition
NAME			6.2 NAME	1 30	
STREET ADDRESS			6.3 STREET ADDRESS	1	
CITY-ST-ZIP			6.4 CiTY-ST-ZiP	od in Contino 110 07/9Vi). Florida Statutas, I further continuthat the information	

I nereby 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 eath; 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 put attachment with an entiress.

(205) coc 2 2161