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FILED
Jun 17 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 # N96000004302 (3)

1. Corporation Name

THE VILLAGE ON THE LAKES HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

7500 RED ROAD
SUITE 2A
SOUTH MIAMI FL 33143

7500 RED ROAD
SUITE 2A
SOUTH MIAMI FL 33143-5329



3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7800 Red Road

26 7800 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 119

27 119

City & State

City & State

23 South Miami FL

28 South Miami FL

Zip

Zip

Country

Country

24 33143

25 USA

29 33143

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOULD, GERALD M
7800 RED ROAD 7800 Red Rd
SUITE 2A Ste 119
SOUTH MIAMI FL 33143

81 Name

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

7800 Red Road

83

Suite 119

84

City South Miami

FL

85 Zip Code

33143

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD ☐ DELETE
NAME FINE, MARTIN ESQUIRE
STREET ADDRESS 701 BRICKELL AVENUE, 30TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME 7800 GOULD, GERALD M
STREET ADDRESS 7800 RED ROAD, SUITE 2-A
CITY-ST-ZIP SOUTH MIAMI FL 33143

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7800 RED ROAD, SUITE 119
2.4 CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE SD ☐ DELETE
NAME KESSLER, MYRA
STREET ADDRESS 305 THOMPSON AVENUE
CITY-ST-ZIP LEHIGH AVRES FL 33936

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)

6/17/97
\$61.25