MINUAL REPURI

1. Entity Name LAKE FOREST HOMEOWNERS ASSOCIATION OF SOUTH BROWARD, INC.								FILED Apr 13, 2006 8:00 am Secretary of State			
Principal Place of Business FIRE STATION 3800 SW 41ST AVE HOLLYWOOD, FL 33023			Mailing Address FIRE STATION 3800 SW 41ST AVE HOLLYWOOD, FL 33023					04-13-2006 90293 047 ****61.25			
Principal Place of Business Suite Act Halp				3. Mailing Address Suite, Apt. #, etc.				C INSCRIPTION OF THE HEAD MENT SHELL SHELL SHE HERD HERD HERD HERD HERD HERD HERD HE			
Suite, Apt. #, etc.			1					03012006 Chg-NP CR2E037 (11/05)			
City & State			-	West PARK				4. FEI Number Applied For 65-0798781 Applied For Not Applicable			
Zip	ip Country		Zip Cou 33023 V			intry	5. Certificate of Status Desired \$8.75 Additional Fee Required			iditional ed	
	6. Name	and Address of Current						7. Name and Address of New Registered Agent			
Name / Name											
3301 SW 3			Street Address			ddress (F	(P.O. Box Number is Not Acceptable)				
HOLLYWO		3023		370			700	3 Ju	9 7 3.	INCE E F	
				City			ی میار	J PARI	<	FL Zip Coo	1e 073
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature required when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	, ,	OFFICERS AND DI	RECTORS		11.			DDITIONS/CHANGE	S TO OFFICERS		
TITLE	P	DEC VINCOOK		Delete	TITLE		Yre.	sident]	- 20:05	☐ Change	Addition
NAME STREET ADDRESS	3301 SW	RES, YUNSOOK			NAME STREE	ET ADDRESS	75/	istine J)	
CITY-ST-ZIP	HOLLYWOOD, FL 33023					-ST-ZIP	1 10	ST PARK	F-L 33	023	
TITLE	VP			⊘ Delete	TITLE		0				Addition
NAME	KAPLAN,			•	NAME		د سای	، ب کوب کاری کاری کاری	90D	A	
STREET ADDRESS		32ND AVE				ET ADDRESS	4000		- 5101	~ ¬ >	
CITY-ST-ZIP	T	OOD, FL 33023				ST-ZIP	<u> عسا</u>	STPARK	5-C 350	☐ Change	Addition
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STREET ADDRESS	3700 SW					ET ADDRESS		14 SW 3		•	
CITY-ST-ZIP	HOLLYW	OOD, FL 33023			CITY-	-ST-ZIP	س	est PARK	_ 334	いてる	
TITLE	D			☐ Delete	TITLE		500	11/14 LA.	1	☐ Change	Addition
NAME	YERKS, B				NAME	ET ADDRESS	mi	CYKA LA	VOLIAN	e	·
STREET ADDRESS CITY-ST-ZIP	3520 SW:	39 51 DOD, FL 33023				-ST-ZIP	عص	STPANIC	(-L 77	_ u	
TITLE	D			Delete -	TITLE		<u></u>	3, THILL) - <u>50</u>	☐ Change	Addition
NAME	ALDEN, R	UBY			NAME	E					
STREET ADDRESS CITY-ST-ZIP	1	45TH AVE DOD, FL 33023				ET ADDRESS - ST-ZIP					
TITLE	D	JOD, 1 E 00020		☑ Delete	TITLE			.		☐ Change	Addition
NAME	MATYISIN	I, LYNN		טפונע ובשק	NAME	1				orange	
STREET ADDRESS	3701 SW				1	et address					
CITY-ST-ZIP		DOD, FL 33023				-ST-ZIP					
12. I hereby r	certify that the	e information supplied with	n this filina do	oes not qualify for	r the exe	mptions co	ontained	in Chapter 119, Flor	ida Statutes. I furtl	her certify that the i	information

I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

4/11/06 Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 757-224-6156 Daytime Phone # SIGNATURE: