

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91433 014 ****70.00

DOCUMENT # N97000004924



1. Entity Name
LAKE FOREST HOMEOWNERS ASSOCIATION OF SOUTH BROWARD, INC.

Principal Place of Business
**FIRE STATION
3800 SW 41ST AVE
HOLLYWOOD FL 33023**

Mailing Address
**FIRE STATION
3800 SW 41ST AVE
HOLLYWOOD FL 33023**

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0798781** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



* CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PHILLIPS, JOSEPH D
3700 S.W. 32ND CT
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, JOSEPH 3700 S.W. 32ND CT HOLLYWOOD FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGEROS, CHRISTINE 3761 SW 45TH AVE HOLLYWOOD FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIND, BETTY 3620 S.W. 38TH ST HOLLYWOOD FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLUKORT, BERNICE 3420 SW 47TH AVENUE HOLLYWOOD FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDEN, RUBY 3700 SW 45TH AVE HOLLYWOOD FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAA, GINGER 3800 SW 31ST COURT HOLLYWOOD FL 33023 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN BAPTY 3320 SW 40 AVENUE HOLLYWOOD, FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURT KOEBRICH 4301 SW 32 COURT HOLLYWOOD, FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEO OWENS 3630 SW 45 AVENUE HOLLYWOOD, FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON TAYLOR 3740 SW 46 AVENUE HOLLYWOOD, FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSINS, LUCILLE 4541 SW 38 street HOLLYWOOD FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATYISIN, LYNN 3701 SW 45 AVENUE HOLLYWOOD FL 33023 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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.

SIGNATURE: *Joseph D Phillips*

April 22, 2003

954-448-0129

CR2E037 (10/02)

