


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000181					
1. Corporation Name FLORAL LAKES RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business 6166 LAKE HIBISCUS DR. C/O EMANUEL STONE DELRAY BEACH FL 33484			Mailing Address 6166 LAKE HIBISCUS DR. C/O EMANUEL STONE DELRAY BEACH FL 33484		



2. Principal Place of Business 21 6174 LAKE HIBISCUS DR		2a. Mailing Address 26 6174 LAKE HIBISCUS DR		3. Date Incorporated or Qualified 01/12/1998	
Suite, Apt. #, etc. 22 C/O LAWRENCE BATCH		Suite, Apt. #, etc. 27 C/O LAWRENCE BATCH		4. FEI Number 65-0905680	
City & State 23 DeLray Beach FL		City & State 28 DeLray Beach FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 33484 25 Palm Beach		Zip Country 29 33484 30 Palm Beach		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LEVINE, CURTIS G ONE BOCA PLACE, 2255 GLADES ROAD STE. 200-EAST BOCA RATON FL 33431				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	PRESIDENT	EMANUEL STONE	6166 LAKE HIBISCUS DR	<input checked="" type="checkbox"/> DELETE	EMANUEL STONE	6166 LAKE HIBISCUS DR	DELRAY BEACH FL 33484
<input checked="" type="checkbox"/> DELETE	SUBSCRIBER	LEONARD LEVINSON	6237 CANAL SHORE WAY	<input checked="" type="checkbox"/> DELETE	LEONARD LEVINSON	6237 CANAL SHORE WAY	DELRAY BEACH FL 33484
<input checked="" type="checkbox"/> DELETE	SUBSCRIBER	MONIQUE POULES	15445 LAKE GARDENIA PLACE	<input checked="" type="checkbox"/> DELETE	MONIQUE POULES	15445 LAKE GARDENIA PLACE	DELRAY BEACH FL 33484
<input checked="" type="checkbox"/> DELETE	SUBSCRIBER	LEONARD LEVINSON	6237 CANAL SHORE WAY	<input checked="" type="checkbox"/> DELETE	LEONARD LEVINSON	6237 CANAL SHORE WAY	DELRAY BEACH FL 33484
<input checked="" type="checkbox"/> DELETE	HARRIET ROSENBERG	6138 LAKE HIBISCUS DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> DELETE	HARRIET ROSENBERG	6138 LAKE HIBISCUS DR	DELRAY BEACH FL 33484
<input type="checkbox"/> DELETE	TREASURER			<input type="checkbox"/> DELETE	TREASURER		
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
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT	HARVEY ARNOLD	15441 LAKE GARDENIA PL.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2nd VICE PRESIDENT	EDWARD SERVITO	6257 CANAL SHOREWAY
		DELRAY BEACH FL 33484				DELRAY BEACH FL 33484	
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SOLMAN ROSEN	6172 FLORAL LAKES DR	DELRAY BEACH FL 33484
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SENATARY	BENNICIE SEIDMAN	6219 FLORAL LAKES DR
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		DELRAY BEACH FL 33484	
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER	LAWRENCE BATCH	6174 LAKE HIBISCUS DR
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		DELRAY BEACH FL 33484	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *4/24/99* *561-637-0031*

CR2E037 (11/98)