

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 PM 2:03

DOCUMENT # N98000000344

1. Corporation Name
 LAUDERGATE ISLES CIVIC ASSOCIATION, INC.

Principal Place of Business
 C/O AMY JONES HAMILTON
 2130 NE 15TH STREET
 FORT LAUDERDALE FL 33304

Mailing Address
 C/O AMY JONES HAMILTON
 2130 NE 15TH STREET
 FORT LAUDERDALE FL 33304



REINSTATEMENT 99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 2130 NE 15 ST	28 2130 NE 15 ST	01/21/1998	N/A	<input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Ft. LAUDERDALE, FL	28 FT. LAUDERDALE, FL	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 33304	25 Country USA	29 Zip 33304	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMILTON, AMY JONES 2130 NE 15TH STREET FORT LAUDERDALE FL 33304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 000003029010--0 -10/29/99--01048--005 84 City ****245. FL

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: Amy Jones Hamilton AMY JONES HAMILTON, V.P. 7 OCT 99
 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	PRESIDENT DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REX WILLIAMS	1.2 NAME	
STREET ADDRESS	2037 NE 15 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY HAMILTON	2.2 NAME	
STREET ADDRESS	2130 NE 15 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	2.4 CITY-ST-ZIP	
TITLE	FRANCESCO MUTI, DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	3.2 NAME	
STREET ADDRESS	2106 NE 15 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	
TITLE	MARY DANIELS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	4.2 NAME	MARY DANIELS
STREET ADDRESS	2047 NE 14 ST	4.3 STREET ADDRESS	2047 NE 14 CT.
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	ALAN BROWN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	5.2 NAME	
STREET ADDRESS	2031 NE 15 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Amy Jones Hamilton 7 OCT 99 954-563-2166
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 AMY JONES HAMILTON, V.P.

005032

CR2E037 (5/99)