


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90017 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000000778**

1. Corporation Name

**LAKE FRAN-C-ORA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

80 SW 8TH ST.,STE.2550  
 MIAMI FL 33130

Mailing Address

80 SW 8TH ST.,STE.2550  
 MIAMI FL 33130



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	2601 S. Bayshore Dr	02/09/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2601 S. Bayshore Dr		27 #1225		Applied For	
City & State		City & State		<input checked="" type="checkbox"/> Not Applicable	
23 Coconut Grove		28 Coconut Grove		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33133		29 33133		Trust Fund Contribution	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

DAMIAN, VINCENT E JR  
 80 SW 8TH ST.,STE.2550  
 MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name JERRY FLICK  
 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr  
 83 STE 1225  
 84 City Coconut Grove FL 85 Zip Code 33131

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICK, JERRY	1.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR.,STE.1225	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIWALD, TOM	2.2 NAME	Tom FREIWALD
STREET ADDRESS	80 SW 8TH ST.,STE.2550	2.3 STREET ADDRESS	2601 S. Bayshore Dr #1225
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICK, JEFF	3.2 NAME	JEFF FLICK
STREET ADDRESS	80 SW 8TH ST.,STE.2550	3.3 STREET ADDRESS	2601 S. Bayshore Dr #1225
CITY-ST-ZIP	MIAMI FL 33130	3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**SIGNATURE REQUIRED**

3-31-99

305-859-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)