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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>2601 S. Bayshore Dr</i>	3. Date Incorporated or Qualified 02/09/1998
Suite, Apt. #, etc. 22 <i>2601 S. Bayshore Dr #1225</i>	Suite, Apt. #, etc. 27 <i>#1225</i>	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23 <i>Coconut Grove</i>	City & State 28 <i>Coconut Grove</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <i>33133</i>	Country 25 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>33133</i>	Country 30 <i>USA</i>	

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 _____ DATE **3-31-99**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	FLICK, JERRY	1.1 TITLE	
STREET ADDRESS	2601 S. BAYSHORE DR., STE. 1225	1.2 NAME	
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.3 STREET ADDRESS	
TITLE	DVP	1.4 CITY-ST-ZIP	
NAME	FREIWALD, TOM	2.1 TITLE	<i>DVP</i>
STREET ADDRESS	80 SW 8TH ST., STE. 2550	2.2 NAME	<i>Tom FREIWALD</i>
CITY-ST-ZIP	MIAMI FL 33130	2.3 STREET ADDRESS	<i>2601 S. Bayshore Dr, #1225</i>
TITLE	DST	2.4 CITY-ST-ZIP	<i>Coconut Grove, FL 33133</i>
NAME	FLICK, JEFF	3.1 TITLE	<i>DST</i>
STREET ADDRESS	80 SW 8TH ST., STE. 2550	3.2 NAME	<i>JEFF FLICK</i>
CITY-ST-ZIP	MIAMI FL 33130	3.3 STREET ADDRESS	<i>2601 S. Bayshore Dr, #1225</i>
TITLE		3.4 CITY-ST-ZIP	<i>Coconut Grove, FL 33133</i>
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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: _____ DATE **3-31-99** Daytime Phone # **305-859-8484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037_ (1/198)