


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90102 050 \*\*\*\*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 # N98000001313**

1. Corporation Name

**LLOYD ESTATES NEIGHBORHOOD ASSOCIATION, INC.**

5/34/77 - 90012 - 43

Principal Place of Business

261 N.W. 37TH STREET  
OAKLAND PARK FL 33309

Mailing Address

261 N.W. 37TH STREET  
OAKLAND PARK FL 33309

2. Principal Place of Business 21 <b>380 N.W. 37 ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>380 N.W. 37 ST</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>03/04/1998</b>
22	27	4. FEI Number <input checked="" type="checkbox"/> Applied For No. Applicable
23 City & State <b>OAKLAND PARK, FL</b>	28 City & State <b>OAKLAND PARK, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33309</b>	29 Zip <b>33309</b>	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**GOUVEIA, KAREN**  
**261 N.W. 37TH STREET**  
**OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent

81 Name **RICARDO BARCELO**82 Street Address (P.O. Box Number is Not Acceptable)  
**380 N.W. 37 STREET**

83

84 City **OAKLAND PARK**

FL

85 Zip Code  
**33309**

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 **P** ☒ DELETE
**GOUVEIA, KAREN**  
**261 N.W. 37TH STREET**  
**OAKLAND PARK FL 33309**
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME **RICARDO BARCELO**1.3 STREET ADDRESS **380 N.W. 37 ST.**1.4 CITY-ST-ZIP **OAKLAND PARK, FL. 33309**2.1 TITLE ☐ Change ☒ Addition2.2 NAME **ALAN MAUTNER**2.3 STREET ADDRESS **741 N.W. 36 ST**2.4 CITY-ST-ZIP **OAKLAND PARK, FL. 33309**3.1 TITLE ☐ Change ☒ Addition3.2 NAME **PAT DIXON**3.3 STREET ADDRESS **70 N.W. 34 ST.**3.4 CITY-ST-ZIP **OAKLAND PARK, FL. 33309**4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

954-565-1699

CR2E037 (1/98)