


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 01 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724261 (3)**  
1. Corporation Name  
**LAKE APARTMENTS ASSOCIATION, INC.**



Principal Place of Business <b>4270 LAKE UNDERHILL ROAD ORLANDO FL 32803</b>	Mailing Address <b>4270 LAKE UNDERHILL ROAD ORLANDO FL 32803</b>
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3. Date Incorporated or Qualified  
**09/05/1972**

4. FEI Number <b>59-1440935</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent

**TOMASSI, BARARA  
4270 LAKE UNDERHILL ROAD  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>TOMMASSI, BARBARA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4270C LAKE UNDERHILL ROAD</b>	CITY-ST-ZIP <b>ORLANDO FL 32803</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>VPDC</b>	NAME <b>BURRELL CROTTY</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>4392C LAKE UNDERHILL RD</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.2 NAME	<b>V-Pres.</b>
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	<b>William Forgea</b>
		2.4 CITY-ST-ZIP	<b>4224B Lake Underhill Rd.</b>
TITLE <b>TD</b>	NAME <b>MCCLUNG, JIMMIE D.</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>4222A LAKE UNDERHILL ROAD</b>	CITY-ST-ZIP <b>ORLANDO FL 32803</b>	3.2 NAME	<b>Director</b>
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	<b>Gilbert Rea</b>
		3.4 CITY-ST-ZIP	<b>4324B Lake Underhill Rd.</b>
TITLE <b>SD</b>	NAME <b>MILTONBERGER, ANNE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4310-B LK., UNDERHILL RD</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>WILLIAM HATHAWAY</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>4208C LAKE UNDERHILL RD</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	5.2 NAME	<b>Director</b>
	<input checked="" type="checkbox"/> DELETE	5.3 STREET ADDRESS	<b>June Grace</b>
		5.4 CITY-ST-ZIP	<b>4212B Lake Underhill Rd.</b>
TITLE <b>D</b>	NAME <b>RUTH BROWN</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4310C LAKE UNDERHILL RD</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	6.2 NAME	
	<input type="checkbox"/> DELETE	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.

SIGNATURE: *Barbara Tomassi, Barbara Tomassi, President 4-23-98 (407) 898-7269*

CP2E037 (10/97)