

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724885 (9)

1. Corporation Name
LAKE PADGETT ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 4533 SAVANNAH DRIVE, LAND O'LAKES FL 34639 US
Mailing Address: P. O. BOX 489, LAND O'LAKES FL 34639-0489 US

3. Date Incorporated or Qualified: 11/28/1972
3a. Date of Last Report: 04/12/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1608997	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITEMORE, HARRY R. 4533 SAVANNAH DR. LAND O' LAKES FL 34639				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P LEININGER, REBECCA 4533 SAVANNAH DRIVE LAND O' LAKES FL	<input type="checkbox"/> DELETE	1.1 TITLE	T DANIEL FICETOLA 4533 SAVANNAH DRIVE LAND O' LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, BRUCE 4533 SAVANNAH DRIVE LAND O' LAKES FL	<input type="checkbox"/> DELETE	1.2 NAME	D JULIA YOUNG 4533 SAVANNAH DRIVE LAND O' LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SCHMIDT, ELSWORTH 4533 SAVANNAH DRIVE LAND O' LAKES FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	D RAMON FERNANDEZ 4533 SAVANNAH DRIVE LAND O' LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S CHAMPION, THOMAS 4533 SAVANNAH DRIVE LAND O' LAKES FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	D LINDA VARELA 4533 SAVANNAH DRIVE LAND O' LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D NIEVES, WILFREDO 4533 SAVANNAH DRIVE LAND O' LAKES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D POTTER, THOMAS 4533 SAVANNAH DRIVE LAND O' LAKES FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
CITY-ST-ZIP			3.1 TITLE		
CITY-ST-ZIP			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		
CITY-ST-ZIP			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
CITY-ST-ZIP			5.1 TITLE		
CITY-ST-ZIP			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		
CITY-ST-ZIP			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rebecca Leininger 4/1/96 (813) 996-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)