

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/28/1972	3a. Date of Last Report 04/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1608997	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEININGER, REBECCA		1.2 NAME ORTIZ, WALTER	
STREET ADDRESS 4533 SAVANNAH DRIVE		1.3 STREET ADDRESS 4533 Savannah Drive	
CITY-ST-ZIP LAND O' LAKES FL		1.4 CITY-ST-ZIP Land O' Lakes, Fl. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'GRADY, BRUCE		2.2 NAME YOUNCE, JULIA	
STREET ADDRESS 4533 SAVANNAH DRIVE		2.3 STREET ADDRESS 4533 Savannah Drive	
CITY-ST-ZIP LAND O' LAKES FL		2.4 CITY-ST-ZIP Land O' Lakes, Fl. 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VARELA, LINDA		3.2 NAME GRAFF, KELLEY	
STREET ADDRESS 4533 SAVANNAH DRIVE		3.3 STREET ADDRESS 4533 Savannah Drive	
CITY-ST-ZIP LAND O' LAKES FL		3.4 CITY-ST-ZIP Land O' Lakes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHAMPION, THOMAS		4.2 NAME SACHER-BROWN, THOMAS	
STREET ADDRESS 4533 SAVANNAH DRIVE		4.3 STREET ADDRESS 4533 Savannah Drive	
CITY-ST-ZIP LAND O' LAKES FL		4.4 CITY-ST-ZIP Land O' Lakes, Fl. 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERNANDEZ, RAMON		5.2 NAME Roman, Robert	
STREET ADDRESS 4533 SAVANNAH DRIVE		5.3 STREET ADDRESS 4533 Savannah Drive	
CITY-ST-ZIP LAND O' LAKES FL		5.4 CITY-ST-ZIP Land O' Lakes, Fl. 34639	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNCE, JULIA		6.2 NAME	
STREET ADDRESS 4533 SAVANNAH DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP LAND O' LAKES FL		6.4 CITY-ST-ZIP	

14. I do 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: _____ Date: _____

CR2E037 (9/96)