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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 11/28/1972		
4. FEI Number 59-1608997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	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: *Harry R. Whitemore* DATE: **4/28/98**

Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ORTIZ, WALTER		1.2 NAME SALTER, WILLIAM A.	
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	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YONCE, JULIA		2.2 NAME FRYMAN, LINDA	
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	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VARELA, LINDA		3.2 NAME HALLBERG, NILS	
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, FL	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHAMPION, THOMAS		4.2 NAME ORTIZ, WALTER	
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	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAFF, KELLEY		5.2 NAME GRAFF, KELLEY	
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	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SACHER-BROWN, THOMAS		6.2 NAME GARCIA, FELIX	
STREET ADDRESS 4533 SAVANNAH DRIVE		6.3 STREET ADDRESS 4533 SAVANNAH DRIVE	
CITY-ST-ZIP LAND O' LAKES FL		6.4 CITY-ST-ZIP LAND O' LAKES, FL	

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: *William A. Salter* DATE: **4/28/98** (813) 908-1100

CR2E037 (10/97)