


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED**

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>AND FILED</p> <p>1997 MAR -5 PM 1:01</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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DOCUMENT # 727040 (8)

1. Corporation Name
Lakes Area Property Owners Association, Inc.

Principal Place of Business Mailing Address
1503 E. Crooked Lake Drive, Eustis, FL 32726
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

000002105530--6
-03/06/97--01002--001
****367.50 ****367.50

000002105530--6
-03/06/97--01002--002
*****8.75 *****8.75

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
07/25/1973

5. FEI Number 23-7362672 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Erickson, Robert A.	1503 E. Crooked Lk Dr	Eustis, FL 32726
D	Conover, Charles	16943 Old Mt. Dora Rd	Eustis, FL 32726
VP/D	Patrowicz, Tully	1700 Country Club Rd	Eustis, FL 32726
D	Cook, I. Newell	110 Lake Joanna Drive	Eustis, FL 32726
D	Erickson, Sandra	1503 E. Crooked Lk Dr	Eustis, FL 32726
D	Mutton, Margerie	2850 E. Crooked Lk Dr	Eustis, FL 32726


8. Name and Address of Current Registered Agent

Tally, Lou
3900 Lake Center Drive, Suite A-4
Mt Dora, FL 32757

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

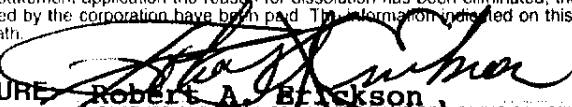
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  Date: 2/25/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE  **ROBERT A. ERICKSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/24/97 (352) 357-8128
Daytime Phone #

CR2E040 (1/2/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name:
LAKES AREA PROPERTY OWNERS ASSOCIATION, INC.

2. Mailing Address:
1503 E CROOKED LAKE DRIVE
P O BOX 1178
EUSTIS FL 32727-8178

DOCUMENT #
727040 (8)

Principal Place of Business:
1503 E CROOKED LAKE DRIVE
P O BOX 1178
EUSTIS FL 32727-8178

DO NOT WRITE IN THIS SPACE

21. Mailing Address	26. Principal Place of Business
22. State: April 30, 1995	27. State: April 30, 1995
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 07/25/1973	3a. Date of Last Report 04/30/1994
4. FEI Number 23-7362672	Applied For Not Applicable
5. Certificate of State: Domestic \$8.75 Additional Fee Required	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Foreign fee exempt from §190.05 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for mileage tax under §5, 199 (3)(2), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TALLY, LOU
3900 LAKE CENTER DRIVE, STE A-4
MT DORA FL 32757

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 607 (1)(2), and 607 (1)(4) of Sections 617.06(1), and 617.15(1), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The foregoing is authorized by the corporation's Board of Directors. The hereby accept the appointment of its registered agent. I am familiar with, and accept the obligations of, Sections 617.06(1), (4) of Florida Statutes.

12. OFFICERS AND DIRECTORS

12.1. NAME	D COOK, NEWELL
12.2. HOME ADDRESS	110 LAKE JOANNA DRIVE EUSTIS FL
12.3. HOME PHONE	P/D
12.4. HOME ADDRESS	ERICKSON, ROBERT A. 1503 E CROOKED LAKE DR EUSTIS FL
12.5. HOME PHONE	D
12.6. HOME ADDRESS	CONOVER, CHARLES 16943 OLD MT DORA ROAD EUSTIS FL
12.7. HOME PHONE	D
12.8. HOME ADDRESS	ERICKSON, SANDY S. 1503 E. CROOKED LAKE DR EUSTIS FL
12.9. HOME PHONE	T
12.10. HOME ADDRESS	CODDING, BELVA A. 3795 CODDING PLACE MOUNT DORA FL
12.11. HOME PHONE	V
12.12. HOME ADDRESS	PATROWICZ, TULLY 1700 COUNTRY CLUB RD EUSTIS, FL 00000

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1. NAME	
13.2. HOME ADDRESS	
13.3. HOME PHONE	
13.4. HOME ADDRESS	
13.5. HOME PHONE	
13.6. HOME ADDRESS	
13.7. HOME PHONE	
13.8. HOME ADDRESS	
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13.18. HOME ADDRESS	
13.19. HOME PHONE	
13.20. HOME ADDRESS	
13.21. HOME PHONE	
13.22. HOME ADDRESS	
13.23. HOME PHONE	
13.24. HOME ADDRESS	
13.25. HOME PHONE	

POOR ORIGINAL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I release the Division of Corporations from any liability of non-compliance with Section 199.02(3)(b) Florida Statutes. I release and certify that the information indicated on this annual report or supplemental annual report is true and correct and that the corporation shall have the same legal effect as if made under oath; and I have fulfilled all obligations, same being as herein properly imposed by Chapter 199 of the Florida Statutes, and I hereby certify that I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 199 of the Florida Statutes and that I am not appearing on Block 13 of this report, or on any attachment to this report.

SIGNATURE:
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 904-357-2502
Dugan, Florida