

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733801 (5)
1. Corporation Name
BIG TREE LAKES PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address
5383 LAREDO ST LAKE GENEVA FL 32160 US
P. O. BOX 504 LAKE GENEVA FL 32160 US

3. Date Incorporated or Qualified **09/11/1975** 3a. Date of Last Report **08/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1625501		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input checked="" type="checkbox"/> No			
City & State		City & State		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWELL, PAUL D. PA
LAWRENCE BLVD
KEYSTONE HEIGHTS FL 32656**

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

FL

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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIPES, RAY		1.2 NAME	BROCK, KAREN	
STREET ADDRESS	4284 HALL AND BORREE RD		1.3 STREET ADDRESS	6075 DARLIFE RD.	
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELK, WILLIAM		2.2 NAME	K. JEAN HOPKINS	
STREET ADDRESS	7691 SILVER SANDS ROAD		2.3 STREET ADDRESS	7532 JEFFERSON CT.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		2.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURCH, MAUREEN		3.2 NAME	K. JEAN HOPKINS	
STREET ADDRESS	5751 OVERLOOK DR		3.3 STREET ADDRESS	7532 JEFFERSON CT.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		3.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURCH, LEWIS A		4.2 NAME	BADIER, PAUL	
STREET ADDRESS	5751 OVERLOOK DR		4.3 STREET ADDRESS	5741 OVERLOOK DR.	
CITY-ST-ZIP	KEYSTONE HTS FL		4.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENNIS, LEONARD		5.2 NAME	BOURGAULT, WILLIAM	
STREET ADDRESS	5749 OVERLOOK DRIVE		5.3 STREET ADDRESS	7679 SILVER SANDS RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		5.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELK, WILLIAM		6.2 NAME	BELK, WILLIAM	
STREET ADDRESS	7691 SILVER SANDS RD		6.3 STREET ADDRESS	7691 SILVER SANDS RD	
CITY-ST-ZIP	LAKE GENEVA FL KEYSTONE HTS		6.4 CITY-ST-ZIP	KEYSTONE HTS. 32656	

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: *K. Jean Hopkins* *K. Jean Hopkins* 1/22/1996 352(473-7744)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (12/95)