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Mar 27 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 # **733801** (5)
1. Corporation Name
BIG TREE LAKES PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business 5383 LAREDO ST LAKE GENEVA FL 32160 US	Mailing Address P. O. BOX 504 LAKE GENEVA FL 32160 US
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3. Date Incorporated or Qualified 09/11/1975	
4. FEI Number 59-1625501	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 5383 LAREDO ST Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 504 Suite, Apt. #, etc.
City & State 23 LAKE GENEVA FL	City & State 28 LAKE GENEVA FL
Zip 24 32160	Country 25 CLAY
Zip 29 32160	Country 30 CLAY

5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, TERENCE M. PA 486 TEMPLE AVE. STARK FL 32091	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BROCK, KAREN
STREET ADDRESS	0075 OAKLEAF RD
CITY-ST-ZIP	DAYSTONE HEIGHTS FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WINDGASSEN, ROBERT
STREET ADDRESS	5806 A CRATER CIRCLE
CITY-ST-ZIP	LAKE GENEVA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	KING, DIANE
STREET ADDRESS	5800 BITTER ROOT ST.
CITY-ST-ZIP	KEYSTONE HEIGHTS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BADER, PAUL
STREET ADDRESS	5741 OVERLOOK DR
CITY-ST-ZIP	KEYSTONE HEIGHTS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NIX, GARY
STREET ADDRESS	5866 OAK LEAF ROAD
CITY-ST-ZIP	KEYSTONE HEIGHTS FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	KING, GENE
STREET ADDRESS	5800 BITTER ROOT ST
CITY-ST-ZIP	KEYSTONE HEIGHTS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NIX GARY-SR
1.3 STREET ADDRESS	5866 OAKLEAF RD
1.4 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BADER PAUL H
2.3 STREET ADDRESS	5741 OVERLOOK DR-W
2.4 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WINGGASSEN JOYCE
3.3 STREET ADDRESS	5806 S-CRATER LAKE CR
3.4 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BADER PAUL-H
4.3 STREET ADDRESS	5741 OVERLOOK-DR W
4.4 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
5.1 TITLE	D-BECK WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7691-SILVER SAND-RD
5.3 STREET ADDRESS	KEYSTONE HEIGHTS FL 32656
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GLENN ARVONIA
6.3 STREET ADDRESS	5743 OVERLOOK DR-W
6.4 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656

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: **PAUL D NIX SECRETARY** **3/25/98**

CR2E037 (10/97)