


FILE NOW: FILING FEE IS \$61.25

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90224 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734735					
1. Corporation Name LAKE DOWN SHORES REPLAT ARCHITECTURAL CONTROL CO MMITTE & HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9600 AMBLESIDE WINDERMERE FL 34786			Mailing Address 9600 AMBLESIDE WINDERMERE FL 34786		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1975	
22 City & State		27 City & State		4. FEI Number 59-2586963	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MARQUI, MARY 9600 AMBLESIDE DR. WINDERMERE FL 34786			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 <i>Mary Marqui</i> MARY MARQUI 4-18-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME POSPISIL, JERRY					
1.3 STREET ADDRESS 2709 MIDSUMMER DR					
1.4 CITY-ST-ZIP WINDERMERE, FL 00000					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME HOFF, DAVID					
2.3 STREET ADDRESS 2624 MIDSUMMER DR					
2.4 CITY-ST-ZIP WINDERMERE, FL 00000					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME DEBORD, BARBARA					
3.3 STREET ADDRESS 2616 MIDSUMMER DR					
3.4 CITY-ST-ZIP WINDERMERE, FL 00000					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME HOOVER, DIANA					
4.3 STREET ADDRESS 2936 MIDSUMMER DR.					
4.4 CITY-ST-ZIP WINDERMERE, FL 00000					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME MARQUI, MARY					
5.3 STREET ADDRESS 9600 AMBLESIDE DR					
5.4 CITY-ST-ZIP WINDERMERE, FL 00000					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME WOOD, DON					
6.3 STREET ADDRESS 2803 MIDSUMMER DR					
6.4 CITY-ST-ZIP WINDERMERE, FL 00000					



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, with all other like empowered.

SIGNATURE: *Diana Hoover* SIGNATURE REQUIRED DIANA HOOVER 4-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JL CR2E037 (11/98)