

FILE NOW: FILING FEE IS \$61.25

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Mar 06 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 # 740459 (3)

1. Corporation Name
THE LAKES VILLAS CONDOMINIUM II ASSOCIATION, INC

Principal Place of Business 7850 ULMERTON RD 2 LARGO FL 34641	Mailing Address 7850 ULMERTON RD 2 LARGO FL 34641
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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

3. Date Incorporated or Qualified 10/18/1977	
4. FEI Number 59-1774574	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROPERTY MGT., INC
7850 ULMERTON RD
SUITE 1
LARGO 34641**

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 _____ DATE _____
Signature, typed or 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	D- HUDSON, CHARLES <input type="checkbox"/> DELETE	1.1 TITLE	P/D Train, Charles <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4724 LAKE VILLA DR	1.2 NAME	4800 Lake Villa Dr.
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	Clearwater, FL. 33762
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PB BURGESS, LOUISE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4742 LAKE VILLA DRIVE	2.2 NAME	
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D- KALL, ROBERT <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4882 LAKE VILLA DR.	3.2 NAME	
STREET ADDRESS	CLEARWATER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	-VPD MARANO, DAVEY <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4704 LAKE VILLA DR.	4.2 NAME	Biwer, Lew
STREET ADDRESS	CLEARWATER FL	4.3 STREET ADDRESS	4788 Lake Villa Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL. 33762
TITLE	-SD GOTTONE, PATRICIA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4706 LAKE VILLA DRIVE	5.2 NAME	
STREET ADDRESS	CLEARWATER FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: **2/23/98** ID: **530-4577**

CR2E037 (10/97)