

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743292 (5)

1. Corporation Name  
**LAKE ARROWHEAD CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business: 2055 WOOD STREET, SUITE 202, PO BOX 6165, SARASOTA FL 34237  
Mailing Address: 2055 WOOD STREET, SUITE 202, PO BOX 6165, SARASOTA FL 34237

3. Date Incorporated or Qualified: 06/16/1978  
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 59-1786652  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: PROPERTY & ACCOUNTING MANAGEMENT, INC., 2055 WOOD STREET, SUITE 202, SARASOTA FL 34237  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: SD NAME: MCMAHON, JOHN STREET ADDRESS: 5214 LAKE ARROWHEAD TR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: VERBEKE, HENRY STREET ADDRESS: 100 SANDS POINT RD CITY-ST-ZIP: LONGBOAT KEY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Garrett, Patricia 2.3 STREET ADDRESS: 5312 Lake Arrowhead Trail, 3A 2.4 CITY-ST-ZIP: Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: SPICHER, EDGAR STREET ADDRESS: 5322 LAKE ARROWHEAD TR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: WILLIAMS, SYLVIA STREET ADDRESS: 5349 LAKE ARROWHEAD TRL CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CERRITO, CHARLES STREET ADDRESS: 5332 LAKE ARROWHEAD TRL CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Edwards, Robert 5.3 STREET ADDRESS: 5397 Lake Arrowhead Trail, 24A 5.4 CITY-ST-ZIP: Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra B. Mortham* Date: 4/11/96 Daytime Phone #: 941-925-5743

CR2E037 (12/95)