


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

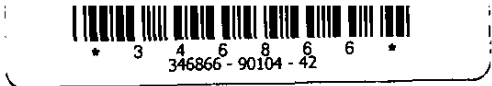
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743292**

1. Corporation Name  
**LAKE ARROWHEAD CONDOMINIUM OWNERS ASSOCIATION, I NC.**



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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/16/1978	4. FEI Number 59-1786652 Applied For 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
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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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, JOHN	1.2 NAME	
STREET ADDRESS	5214 LAKE ARROWHEAD TR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, NANCY	2.2 NAME	
STREET ADDRESS	5361 LAKE ARROWHEAD TRL, #16	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICHER, EDGAR	3.2 NAME	
STREET ADDRESS	5322 LAKE ARROWHEAD TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SYLVIA	4.2 NAME	
STREET ADDRESS	5349 LAKE ARROWHEAD TRL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, ROBERT	5.2 NAME	Keller, Juanita
STREET ADDRESS	5397 LAKE ARROWHEAD TRL, #24-A	5.3 STREET ADDRESS	5318 Lake Arrowhead Trail
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP	Sarasota, FL 34231
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/6/99 Date 941-925-1743 Daytime Phone #

CR2E037 (1-1/98)