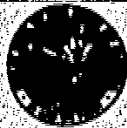


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 749977 (5)**

1. Corporation Name  
**LAKE COLONY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O CMD MANAGEMENT, INC.  
3082 JOE RD.  
LAKE WORTH FL 33467

C/O CMD MANAGEMENT, INC.  
3082 JOE RD.  
LAKE WORTH FL 33467

2. Principal Place of Business

2a. Mailing Address

21 **same**  
Suite, Apt. #, etc.  
22 **3082 Jog Road**  
City & State

2a **same**  
Suite, Apt. #, etc.  
27 **3082 Jog Road**  
City & State

23 **same**  
Zip Country  
24 **same** 25

28 **same**  
Zip Country  
29 **same** 30

3. Date Incorporated or Qualified  
**11/26/1979**

3a. Date of Last Report  
**04/29/1994**

4. FEI Number  
**59-1971312**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENTHAL, DAVID C  
C/O CMD MANAGEMENT, INC.  
3082 JOG RD.  
LAKE WORTH FL 33467**

81 Name  
**David C. Rosenthal**

82 Street Address (P.O. Box Number is Not Acceptable)  
**same**

83 **same**

84 City **same** FL 85 Zip Code **same**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CAMPBELL, ELLEN</b>
STREET ADDRESS	<b>4091-A PALM BAY CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BCH. FL 33408</b>
TITLE	<b>VD</b>
NAME	<b>STORZ, JONATHAN</b>
STREET ADDRESS	<b>4135-A PALM BAY CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BCH. FL 33408</b>
TITLE	<b>SD</b>
NAME	<b>SEAL LANGE, RENEE</b>
STREET ADDRESS	<b>4111-D PALM BAY CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BCH. FL 33408</b>
TITLE	<b>TD</b>
NAME	<b>BROWN, DOUGLAS</b>
STREET ADDRESS	<b>4088-C PALM BAY CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BCH. FL 33408</b>
TITLE	<b>D</b>
NAME	<b>BART, BEVERLY</b>
STREET ADDRESS	<b>4127-B PALM BAY CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BCH. FL 33408</b>
TITLE	<b>D</b>
NAME	<b>BREWER, DANIEL</b>
STREET ADDRESS	<b>9132-A PALM BAY CIRCLE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Doug Brown</b>
1.3 STREET ADDRESS	<b>4068-C Palm Bay Cir.</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Michael Kopp</b>
2.3 STREET ADDRESS	<b>4224-C Palm Bay Cir.</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rita Sackmann</b>
3.3 STREET ADDRESS	<b>4159-C Palm Bay Cir.</b>
3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>
4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rosanne Smith</b>
4.3 STREET ADDRESS	<b>4179-A Palm Bay Cir.</b>
4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Hope d'Alessandro</b>
5.3 STREET ADDRESS	<b>41167-A Palm Bay Cir.</b>
5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Debra Derr</b>
6.3 STREET ADDRESS	<b>4007-D Palm Bay Cir.</b>
6.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>

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)(b), 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:

*[Handwritten Signature]*

Date

Daytime Phone #

749971

**Additional Directors**  
**Lake Colony Homeowners Association, Inc.**

**Title:** Director  
**Name:** Bob Witzel  
**Street Address:** 4012-B Palm Bay Circle  
**City-St-Zip:** West Palm Beach, FL 33406

**Title:** Director  
**Name:** Anne Wholf  
**Street Address:** 4055-C Palm Bay Circle  
**City-St-Zip:** West Palm Beach, FL 33406

**Title:** Director  
**Name:** Ted Lewis  
**Street Address:** 4068-D Palm Bay Circle  
**City-St-Zip:** West Palm Beach, FL 33406