

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 # 749977 (5)
1. Corporation Name
LAKE COLONY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33467
US

3. Date Incorporated or Qualified **11/26/1979** 3a. Date of Last Report **04/19/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
ROSENTHAL, DAVID C
C/O CMD MANAGEMENT, INC.
3082 JOG RD.
LAKE WORTH FL 33467

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 terminating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, DOUG	
STREET ADDRESS	4068-C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOPP, MICHAEL	
STREET ADDRESS	4224-C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SACKMANN, RITA	
STREET ADDRESS	4159 C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, ROSANNE	
STREET ADDRESS	4179 A PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D'ALESSANDRO, HOPE	
STREET ADDRESS	4167 A PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DERR, DEBRA	
STREET ADDRESS	4007-D PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Drosakis, Jim	
3.3 STREET ADDRESS	4024-B Palm Bay Circle	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Galloway, Jo Anne	
5.3 STREET ADDRESS	4039-C Palm Bay Circle	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Genco, Geraldine	
6.3 STREET ADDRESS	4220-C Palm Bay Circle	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33406	

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: *Michael Kopp*, Pres. LCHOA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Kopp

3-8-96 (407) 964-1550
Date: Day: Phone #

CR2E037 (12/95)