

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: C/O CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467 US
Mailing Address: C/O CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467-2053 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 11/26/1979
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-1971312
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

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
85 Zip Code: FL

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: *David C. Rosenthal* DATE: 2-5-97

12. OFFICERS AND DIRECTORS		
TITLE	VB	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DOUG	
STREET ADDRESS	4066 C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOPP, MICHAEL	
STREET ADDRESS	4224 C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DROSAKIS, JIM	
STREET ADDRESS	4024 B PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROSANNE	
STREET ADDRESS	4179 A PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLOWAY, JO ANNE	
STREET ADDRESS	4039 C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENCO, GERALDINE	
STREET ADDRESS	4220 C PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pelchat, Beth	
1.3 STREET ADDRESS	4051 - D Palm Bay circle	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bigbie, Abner	
2.3 STREET ADDRESS	4043 - D Palm Bay Circle	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boyd, Teri Lea	
3.3 STREET ADDRESS	4068 - A Palm Bay Circle	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOODIF, Ralph	
4.3 STREET ADDRESS	4095 - A Palm Bay Circle	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Jo Anne Galloway* DATE: 2/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JO ANNE GALLOWAY
5616508526

CR2E037 (9/96)