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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 11/26/1979	
4. FEI Number 59-1971312	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24 Country	29 Country
25	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	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: *David C Rosenthal* DATE: 2/18/98

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PELCHAT, BETH
STREET ADDRESS	4051-D PALMBAY GL.
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	BIGBIE, ABNER
STREET ADDRESS	4043D PALMBAY GL.
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	BOYD, TERI LEA
STREET ADDRESS	4068A PALMBAY GL.
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	WOOLF, RALPH
STREET ADDRESS	4095A PALMBAY GL.
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	GALLOWAY, JO ANNE
STREET ADDRESS	4039 C PALM BAY CIRCLE
CITY-ST-ZIP	W PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	GENCO, GERALDINE
STREET ADDRESS	4220 G PALM BAY CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D
1.3 STREET ADDRESS	4051-D Palm Bay Circle
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nilsen, Bruce
2.3 STREET ADDRESS	4068-D Palm Bay Circle
2.4 CITY-ST-ZIP	West Palm Beach, FL 33406
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beiriger, Teri Lea
3.3 STREET ADDRESS	4068-A Palm Bay Circle
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOOLF, RALPH
4.3 STREET ADDRESS	4095-A Palm Bay Circle
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	7 Country Club Circle
6.4 CITY-ST-ZIP	Tequesta, FL 33469

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.

SIGNATURE: *R. E. Tolson, President LCHOA @/R/98 561-832-7766*

CR2E037 (10/97)