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 # 753371 (4)

1. Corporation Name

LAKE OLYMPIC TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~FLORIDA MANAGEMENT SERVICES~~ ~~918 BRADSHAW TERRACE~~ ~~ORLANDO FL 32806~~ ~~US~~	~~POST OFFICE BOX 78~~ ~~P O BOX 73~~ ~~ORLANDO FL 32802~~ ~~US~~

3. Date Incorporated or Qualified: 07/16/1980
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business
21 NE-AN SERVICES INC
Suite, Apt. #, etc.
22 6900-SILVERSTAR Rd #206A
City & State
23 ORLANDO, FL
Zip 24 32818 Country 25 USA

2a. Mailing Address
26 PO BOX 680735
Suite, Apt. #, etc. 27
City & State
28 ORLANDO, FL
Zip 29 32818 Country 30 USA

4. FEI Number: 59-2500128 ☐ 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

9. Name and Address of Current Registered Agent

~~ANITA BAILEY~~
~~C/O FLORIDA MANAGEMENT SERVICES, INC.~~
~~918 BRADSHAW TERRACE~~
~~ORLANDO FL 32806~~

10. Name and Address of New Registered Agent

81 Name: ANITA BAILEY
82 Street Address (P.O. Box Number is Not Acceptable): C/O NE-AN SERVICES INC
83 6900-Silverstar Rd. #206-A
84 City: ORLANDO FL 85 Zip Code: 32818

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: [signature] 4/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STENGER, JOHN		1.2 NAME	STENGER, JOHN	
STREET ADDRESS	618 OLYMPIC DR.		1.3 STREET ADDRESS	618 OLYMPIC DR	
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE	~~VPD~~	☒ DELETE	2.1 TITLE	600001910398	☐ Change ☐ Addition
NAME	~~ZAHND, REBECCA~~		2.2 NAME	-08/01/96--01020--003	
STREET ADDRESS	~~625 OLYMPIC DR.~~		2.3 STREET ADDRESS	***25.00	
CITY-ST-ZIP	~~OCOEE FL 34761~~		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~QUINTANA, WILLIAM~~		3.2 NAME	Quintana William	
STREET ADDRESS	~~635 OLYMPIC DR.~~		3.3 STREET ADDRESS	635 OLYMPIC DR	
CITY-ST-ZIP	~~OCOEE FL 34761~~		3.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE	TD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~REGAN, DOROTHY~~		4.2 NAME	MARION WISE	
STREET ADDRESS	~~629 OLYMPIC DR.~~		4.3 STREET ADDRESS	739 OLYMPIC CIR	
CITY-ST-ZIP	~~OCOEE FL 34761~~		4.4 CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		☐ DELETE	5.1 TITLE	Mike Rushing D	☐ Change ☒ Addition
NAME			5.2 NAME	11007 Groveshire Court	
STREET ADDRESS			5.3 STREET ADDRESS	Winter Garden, FL 34787	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	600001910320	☐ Change ☐ Addition
NAME			6.2 NAME	-08/01/96--01020--002	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

8/1/96

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)