

**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 # 753892 (9)  
1. Corporation Name  
**LYNNWOOD ESTATES ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 720084 ORLANDO FL 32872-7084  
Mailing Address: P.O. BOX 720084 ORLANDO FL 32872-7084

3. Date Incorporated or Qualified: 08/26/1980  
3a. Date of Last Report: 03/22/1995  
4. FEI Number: 59-2065707  
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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent  
**JACK EATON  
6737 POMPEII RD.  
ORLANDO FL 32822**

10. Name and Address of New Registered Agent  
81. Name: **MADALYN M. TERWILLIGER**  
82. Street Address (P.O. Box Number is Not Acceptable): **6910 MEDITERRANEAN RD**  
83.  
84. City: **ORLANDO** FL 85. Zip Code: **32822**

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: *Madalyn M Terwilliger* President Date: *Jan 16 '96*  
Signature typed or printed name of registered agent if title applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HJACK EATON		1.2 NAME: MADALYN TERWILLIGER	
STREET ADDRESS: 6737 POMPEII RD.		1.3 STREET ADDRESS: 6910 MEDITERRANEAN RD.	
CITY-ST-ZIP: ORLANDO FL		1.4 CITY-ST-ZIP: ORLANDO, FLORIDA 32822	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONNA KRUGER		2.2 NAME: BETTY EXENKAMPER	
STREET ADDRESS: 6633 POMPEII RD.		2.3 STREET ADDRESS: 6964 POMPEII RD.	
CITY-ST-ZIP: ORLANDO FL		2.4 CITY-ST-ZIP: ORLANDO, FLORIDA 32822	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ELINOR DORSEY		3.2 NAME: MERWIN R. STAINES	
STREET ADDRESS: 6L759 GIBRALTAR RD.		3.3 STREET ADDRESS: 6801 CASTILLO CT	
CITY-ST-ZIP: ORLANDO FL		3.4 CITY-ST-ZIP: ORLANDO, FLA. 32822	
TITLE: DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ELINOR DORSEY		4.2 NAME: MERWIN R. STAINES	
STREET ADDRESS: 6759 GIVRALTAR RD.		4.3 STREET ADDRESS: 6801 CASTILLO CT	
CITY-ST-ZIP: ORLANDO FL		4.4 CITY-ST-ZIP: ORLANDO, FLORIDA 32822	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HENRY TEKAMPE		5.2 NAME:	
STREET ADDRESS: 6800 GIBRALTAR RD		5.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUTH MILLARD		6.2 NAME: THOMAS DESIMONE	
STREET ADDRESS: 6842 GIBRALTAR RD		6.3 STREET ADDRESS: 6832 POMPEII RD.	
CITY-ST-ZIP: ORLANDO FL		6.4 CITY-ST-ZIP: ORLANDO, FLA. 32822	

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: *Madalyn M Terwilliger* Date: *1/16/96* Daytime Phone: *(407) 275-2346*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MADALYN M. TERWILLIGER**

CR2E037 (12/95)