

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 # 767644 (8)
1. Corporation Name
ENGLELAKE OWNERS ASSOCIATION, INC.



Principal Place of Business
**6713 ENGLELAKE DR.
P.O. BOX 6741
LAKELAND FL 33813
US**

Mailing Address
**6741 NELLS WAY
P.O. BOX 6741
33807 33807-3741**

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/24/1983 | | 3a. Date of Last Report 02/28/1995 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2318493 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**FRIEDMAN, LEONA
6707 ENGLELAKE DR.
LAKELAND FL 33813**

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

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 | 1.1 TITLE | D |
| NAME | FRIEDMAN, LEONA | 1.2 NAME | Robert Odum |
| STREET ADDRESS | 6707 ENGLELAKE DR. | 1.3 STREET ADDRESS | 6667 Chadron Ct. |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | Lakeland, FL 33813 |
| TITLE | VPD | 2.1 TITLE | D |
| NAME | SHETTER, MIKE | 2.2 NAME | Paula Creamer |
| STREET ADDRESS | 6682 ENGLELAKE DR. | 2.3 STREET ADDRESS | 6740 Englelake Drive |
| CITY-ST-ZIP | LAKELAND FL | 2.4 CITY-ST-ZIP | Lakeland, FL 33813 |
| TITLE | TD | 3.1 TITLE | |
| NAME | VERPLANCK, HOLLY | 3.2 NAME | |
| STREET ADDRESS | 6713 ENGLELAKE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | |
| NAME | ZEDONEK, LINDA | 4.2 NAME | |
| STREET ADDRESS | 6753 NELL'S WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | |
| NAME | GUNKEL, WAYNE | 5.2 NAME | |
| STREET ADDRESS | 6721 NELL'S WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | LEWANDOWSKI, BRIAN | 6.2 NAME | |
| STREET ADDRESS | 6719 ENGLELAKE DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 6.4 CITY-ST-ZIP | |

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:

Holly M. Verplanck, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96
Date

941-644-2842
Daytime Phone #

CR2E037 (12/95)