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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767819 (6)
 1. Corporation Name
LAKE PINELOCH VILLAGE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business % P & R HOUSING MANAGEMENT P.O. BOX 568846 ORLANDO FL 32856-8846	Mailing Address % P & R HOUSING MANAGEMENT P.O. BOX 568846 ORLANDO FL 32856-8846
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3. Date Incorporated or Qualified 04/06/1983	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2397637	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**JOHNSON, PAMELA R.
 C/O P & R MANAGEMENT
 P.O. BOX 568846
 ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name Pamela R. Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
83 87 W. Michigan St
84 City Orlando
85 State FL
86 Zip Code 32806

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, to 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]* **Pamela R. Johnson** **4/28/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, RICHARD	
STREET ADDRESS	1251 LAKE WILLISARA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KABOOL, DONALD	
STREET ADDRESS	2912 LAKE PINELOCH BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORD, HARRIET	
STREET ADDRESS	1104 ST. TROPEZ CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHOTT, JAMES L.	
STREET ADDRESS	1112 LAKE WILLISARA CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TINDAL-BEAUCHAMP, POLLY	
STREET ADDRESS	2933 MONACO COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANGLER, ROBERT	
STREET ADDRESS	2803 MARSALA COURT	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Snyder, Richard	
1.3 STREET ADDRESS	1251 Lake Willisara	
1.4 CITY-ST-ZIP	Orlando, FL 32806	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Willingham, James	
2.3 STREET ADDRESS	3900 Monaco Court	
2.4 CITY-ST-ZIP	Orlando, FL 32806	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Musielak, Victor	
3.3 STREET ADDRESS	1302 Lake Willisara Circle	
3.4 CITY-ST-ZIP	Orlando, FL 32806	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Schott, James L.	
4.3 STREET ADDRESS	1112 Lake Willisara Circle	
4.4 CITY-ST-ZIP	Orlando, FL 32806	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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: *[Signature]* **RECEIVED** **4/28/97** **407-84-6248**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0018025**

CP2E037 (9/96)