

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02045 (5)**
1. Corporation Name
1250 LAKE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1250 S. HWY 17-82
SUITE 250
LONGWOOD FL 32750
US**

Mailing Address
**P.O. BOX 520246
LONGWOOD FL 32752-0246
US**

3. Date Incorporated or Qualified **03/19/1984** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **160 ARCHERS PT.** 2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number **59-2418794** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Longwood, FL.** 28 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **32779** 25 Country **Summit** 29 Zip **30** Country

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
**SCHUMAKER, ROBERT B.
1060 W. HIGHWAY 434
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
81 Name **SCHUMAKER, ROBERT B.**
82 Street Address (P.O. Box Number is Not Acceptable) **160 ARCHERS PT.**
83
84 City **Longwood, FL** 85 Zip Code **32779**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUMAKER, ROBERT B. | 1.2 NAME | |
| STREET ADDRESS | 180 ARCHERS POINT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUKIN, PENNY | 2.2 NAME | |
| STREET ADDRESS | 924 WOODCREST WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVEDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUSTEN, ROSEMARIE | 3.2 NAME | |
| STREET ADDRESS | 1259 PUNTA GORDA CR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS, FL. | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NADROWSKI, LARRY | 4.2 NAME | |
| STREET ADDRESS | 915 DYSON DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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]* 2/13/97 407-333-0341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014213