

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02045 (5)  
 1. Corporation Name  
 1250 LAKE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 160 ARCHERS PT LONGWOOD FL 32779 US		Mailing Address P.O. BOX 520246 LONGWOOD FL 32750 US		3. Date Incorporated or Qualified 03/19/1984	
2. Principal Place of Business 21 1250 S. Hwy 17-92 Suite, Apt. #, etc. 22 Suite 120 City & State 23 Longwood, FL Zip Country 24 32750 25		2a. Mailing Address 26 1250 S. Hwy 17-92 Suite, Apt. #, etc. 27 Suite 120 City & State 28 Longwood, FL Zip Country 29 32750 30		4. FEI Number 59-2418794 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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHUMAKER, ROBERT B 160 ARCHER PT LONGWOOD FL 32779				10. Name and Address of New Registered Agent 81 Name Barry Engel 82 Street Address (P.O. Box Number is Not Acceptable) 1250 S/ Hwy 17-92 83 Suite 120 84 City Longwood, FL 85 Zip Code 32750			
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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: Barry Engel DATE: 7/29/98

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SCHUMAKER, ROBERT B. <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Larry Nadrowski - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMAKER, ROBERT B.	1.2 NAME	1250 S. Hwy 17-92 - Suite 150
STREET ADDRESS	160 ARCHERS POINT	1.3 STREET ADDRESS	Longwood, FL 32750
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE VD	LUKIN, PENNY <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUKIN, PENNY	2.2 NAME	Al Savoy
STREET ADDRESS	924 WOODCREST WAY	2.3 STREET ADDRESS	1250 S. Hwy 17-92 - Suite 240
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE ST	JUSTEN, ROSEMARIE <input checked="" type="checkbox"/> DELETE	3.1 TITLE ST	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTEN, ROSEMARIE	3.2 NAME	Barry Engel
STREET ADDRESS	1259 PUNTA GORDA CR.	3.3 STREET ADDRESS	1250 S. Hwy 17-92 - Suite 120
CITY-ST-ZIP	WINTER SPRINGS, FL.,	3.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE D	NADROWSKI, LARRY <input type="checkbox"/> DELETE	4.1 TITLE	
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 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: Barry Engel DATE: 7/29/98 DAYTIME PHONE #: 407-830-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)