

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 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 # NO2144 1. Corporation Name LAKE SIDE VILLAGE "ON LAKE GRIFFIN" HOMEOWNERS ASSOCIATION																																																											
Principal Place of Business LAKE SIDE VILLAGE		Mailing Address 2261 LAKE SIDE DR LEESBURG, FL 34788																																																									
2. Principal Place of Business 21 LAKE SIDE VILLAGE Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.																																																									
22 2261 LAKE SIDE DR City & State		27 LEESBURG, FL City & State																																																									
23 LEESBURG, FL Zip		28 34788 Zip																																																									
24 34788 Country		25 USA Country																																																									
9. Name and Address of Current Registered Agent PHILIP HEINTZEN 2261 LAKE SIDE DR LEESBURG, FL 34788		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 500002127675 -03/28/97--01128--021 84 City ***61.25 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 <i>Philip Heintzen</i> <small>Signature typed or printed name of registered agent and fee, if applicable</small>		DATE 3/20/97 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																									
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE</td> <td style="width:50%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1.1 TITLE</td> <td style="width:50%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>PRESIDENT, D</td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>ROLAND LEWIS</td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td>3320 DALG LEESBURG, FL 34788</td> </tr> <tr> <td>2.1 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>V, D</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>JIM MCNEILLY</td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td>3335 DALG LEESBURG, FL 34788</td> </tr> <tr> <td>3.1 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>S, D</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>BEVERLY WHITE</td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td>1221 GROVE LEESBURG, FL 34788</td> </tr> <tr> <td>4.1 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>T, D</td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>PHILIP HEINTZEN</td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td>2261 LAKE SIDE DR LEESBURG, FL 34788</td> </tr> <tr> <td>5.1 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>D</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>ED RUEHL</td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td>2340 LAKE SIDE DR LEESBURG, FL 34788</td> </tr> <tr> <td>6.1 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>D</td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>JACK CLARK</td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td>1201 PEAR LN LEESBURG, FL 34788</td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	PRESIDENT, D	1.3 STREET ADDRESS	ROLAND LEWIS	1.4 CITY - ST - ZIP	3320 DALG LEESBURG, FL 34788	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	V, D	2.3 STREET ADDRESS	JIM MCNEILLY	2.4 CITY - ST - ZIP	3335 DALG LEESBURG, FL 34788	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	S, D	3.3 STREET ADDRESS	BEVERLY WHITE	3.4 CITY - ST - ZIP	1221 GROVE LEESBURG, FL 34788	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	T, D	4.3 STREET ADDRESS	PHILIP HEINTZEN	4.4 CITY - ST - ZIP	2261 LAKE SIDE DR LEESBURG, FL 34788	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	D	5.3 STREET ADDRESS	ED RUEHL	5.4 CITY - ST - ZIP	2340 LAKE SIDE DR LEESBURG, FL 34788	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	D	6.3 STREET ADDRESS	JACK CLARK	6.4 CITY - ST - ZIP	1201 PEAR LN LEESBURG, FL 34788
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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: <i>Philip Heintzen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/20/97 Daytime Phone # 352-323-0712																																																									

CR2E037 (9/96)