

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03909 (1)
1. Corporation Name
LIONSGATE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **1099 LIONSGATE LANE GULF BREEZE FL 32561**
Mailing Address: **1099 LIONSGATE LANE GULF BREEZE FL 32561**

3. Date Incorporated or Qualified: **06/26/1984**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2543075**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
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

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

9. Name and Address of Current Registered Agent

**ABERNATHY, NORMAN A.
1101 LIONSGATE LN
GULF BREEZE FL 32561**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAFNER, JEAN	
STREET ADDRESS	1187 LIONSGATE LANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENDALL, KAROLYN	
STREET ADDRESS	1090 LIONSGATE LANE	
CITY-ST-ZIP	GULFBREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDWIN, MELL	
STREET ADDRESS	1094 LIONSGATE LANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, JAMES B	
STREET ADDRESS	1082 LIONSGATE LN	
CITY-ST-ZIP	GULFBREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEHL, RICHARD	
STREET ADDRESS	1188 LIONSGATELANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *N. A. Abernathy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-
2-7-96 932-4640
Date: Daytime Phone #

CR2E037 (12/95)