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Feb 03 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 # N03909 (1)
1. Corporation Name
LIONSGATE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
1099 LIONSGATE LANE GULF BREEZE FL 32561
1099 LIONSGATE LANE GULF BREEZE FL 32561-3480

3. Date Incorporated or Qualified 06/26/1984
3a. Date of Last Report 02/14/1996

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

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

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 A. N. Abernathy, PRES.
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	OFF <input checked="" type="checkbox"/> DELETE
NAME	HAFNER, JEAN
STREET ADDRESS	1107 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 32561
TITLE	BAIRDWIN, MARY <input checked="" type="checkbox"/> DELETE
NAME	1004 LIONSGATE LANE
STREET ADDRESS	GULFBREEZE FL
CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE
NAME	NELSON, JAMES B
STREET ADDRESS	1082 LIONSGATE LN
CITY - ST - ZIP	GULFBREEZE FL 32561
TITLE	D <input type="checkbox"/> DELETE
NAME	DIEHL, RICHARD
STREET ADDRESS	1188 LIONSGATE LANE
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	D <input type="checkbox"/> DELETE
NAME	FAGAN, DERRELL
STREET ADDRESS	1190 LIONSGATE LN
CITY - ST - ZIP	GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CULBERSON, WALTER
1.3 STREET ADDRESS	1054 LIONSGATE LN
1.4 CITY - ST - ZIP	GULF BREEZE, FL 32561
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEMMALL, KAROLYN
2.3 STREET ADDRESS	1090 LIONSGATE LN
2.4 CITY - ST - ZIP	GULF BREEZE, FL 32561
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BAYS, CHARLES
3.3 STREET ADDRESS	1098 LIONSGATE LN
3.4 CITY - ST - ZIP	GULF BREEZE, FL 32561
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 checked="" 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: A. N. ABERNATHY, PRES. 1-22-97 904-932-4640

CR2E037 (9/96)