

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/26/1984

4. FEI Number 59-2543075	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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. City
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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUBBERSON, WALTER	
STREET ADDRESS	1054 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KENDALL, KAROLYN	
STREET ADDRESS	1090 LIONSGATE LANE	
CITY-ST-ZIP	GULFBREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAYS, CHARLES	
STREET ADDRESS	1098 LIONSGATE LN	
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	D	<input type="checkbox"/> DELETE
NAME	FAGAN, DERRELL	
STREET ADDRESS	1190 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

D
JOSEPH PERRY
1637 LIONSGATE LANE
GULF BREEZE, FL

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: **A. N. ABERNATHY PRES.** 1-7-98

CR2E037 (10/97)