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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03909

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/26/1984

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

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

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 DELETE
 NAME D PERRY, JOSEPH
 STREET ADDRESS 1637 LIONSGATE LANE
 CITY-ST-ZIP GULF BREEZE FL

TITLE DELETE
 NAME SD KENDALL, KAROLYN
 STREET ADDRESS 1090 LIONSGATE LANE
 CITY-ST-ZIP GULFBREEZE FL

TITLE DELETE
 NAME D BAYS, CHARLES
 STREET ADDRESS 1098 LIONSGATE LN
 CITY-ST-ZIP GULF BREEZE FL

TITLE DELETE
 NAME VD NELSON, JAMES B
 STREET ADDRESS 1082 LIONSGATE LN
 CITY-ST-ZIP GULFBREEZE FL

TITLE DELETE
 NAME D DIEHL, RICHARD
 STREET ADDRESS 1188 LIONSGATE LANE
 CITY-ST-ZIP GULF BREEZE FL

TITLE DELETE
 NAME D 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME D RING, CLIFF III
 5.3 STREET ADDRESS 1066 LIONSGATE LANE
 5.4 CITY-ST-ZIP GULF BREEZE, FL 32561

6.1 TITLE Change Addition
 6.2 NAME D SAWYER, RICHARD
 6.3 STREET ADDRESS 1110 LIONSGATE LANE
 6.4 CITY-ST-ZIP GULF BREEZE, FL 32561

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-3-99/850-932-4640
 Date Daytime Phone #

CR2E037 (11/98)