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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N07590 (5) 1. Corporation Name LYKES LANE HOME OWNERS' ASSOCIATION, INC.			



Principal Place of Business NATHAN B. SIMPSON 111 E MADISON ST TAMPA FL 33602	Mailing Address NATHAN B. SIMPSON 111 E MADISON ST TAMPA FL 33602
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3. Date Incorporated or Qualified 02/12/1985	
4. FEI Number 59-2654414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 P.O. Box 1670	
23 City & State		28 Tampa	
24 Zip	25 Country	29 Zip	30 Country
		33601	

9. Name and Address of Current Registered Agent SIMPSON, NATHAN B. 111 E MADISON ST TAMPA FL 33602	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	PO <input type="checkbox"/> DELETE
NAME	RANKIN, THOMPSON L.
STREET ADDRESS	111 E MADISON ST
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARRERE, MICHAEL L.
STREET ADDRESS	111 E MADISON ST
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRABSON, JOHN A. JR.
STREET ADDRESS	111 E MADISON ST
CITY-ST-ZIP	TAMPA FL
TITLE	TS <input checked="" type="checkbox"/> DELETE
NAME	SCHINDLER, D.R.
STREET ADDRESS	111 E MADISON ST
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: K. S. Johnson Treasurer 4/12/98 813/223-3981

CR2E037 (10/97)

LYKES LANE HOME OWNERS' ASSOCIATION, INC.

P.O. Box 1690
Tampa, Florida 33601

Federal Identification No.
59-2654414

400 N. Tampa Street
Tampa, FL 33602

Date of Incorporation
February 12, 1985

Charter No. N07590

Incorporated State of Florida

Telephone No. 813/223-3981

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
President	Tom L. Rankin	400 N. Tampa Street	Tampa, FL 33602
Treasurer	Kimberly S. Johnson	400 N. Tampa Street	Tampa, FL 33602
Directors	John A. Brabson, Jr.	400 N. Tampa Street	Tampa, FL 33602
	Michael L. Carrere	400 N. Tampa Street	Tampa, FL 33602
	Tom L. Rankin	400 N. Tampa Street	Tampa, FL 33602