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Secretary of State

07-06-1999 90010 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07590					
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 400 N TAMPA ST P O BOX 1680 TAMPA FL 33601 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2654414	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SIMPSON, NATHAN B. 111 E MADISON ST TAMPA FL 33602				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<i>See Attached for</i>		
NAME	RANKIN, THOMPSON L.			1.2 NAME	<i>Additions/changes</i>		
STREET ADDRESS	111 E MADISON ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARRERE, MICHAEL L.			2.2 NAME			
STREET ADDRESS	111 E MADISON ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRABSON, JOHN A. JR.			3.2 NAME			
STREET ADDRESS	111 E MADISON ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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:

SIXAS TO DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

813-223-3981

Date

Daytime Phone #

CR2E037 (5/99)

N07590
581939-90010-49

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