


FILE NOW: FILING FEE IS \$61.25

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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08311 (5)
1. Corporation Name
LAKE PICKETT ESTATES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business P.O. BOX 660216 CHULUOTA FL 32766	Mailing Address P.O. BOX 660216 CHULUOTA FL 32766-0216
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/22/1985		3a. Date of Last Report 04/15/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number APPLIED FOR 59-0821940		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITH, KATHIE 2476 MILLS CREEK ROAD CHULUOTA FL 32766				10. Name and Address of New Registered Agent			
81 Name				85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				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 **KATHIE SMITH, PRESIDENT** *Kathie Smith* **3/3/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARTER EDDY, SUSAN F			1.2 NAME	GETZ, DAVID		
STREET ADDRESS	2577 BUCK KNIFE COURT			1.3 STREET ADDRESS	2499 MILLS CREEK RD.		
CITY-ST-ZIP	CHULUOTA FL 32766			1.4 CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, GEORGE			2.2 NAME	LONGENBACH, RUSSELL		
STREET ADDRESS	3000 SADDLEBRED TRAIL			2.3 STREET ADDRESS	2269 MILLS CREEK ROAD		
CITY-ST-ZIP	CHULUOTA FL 32766			2.4 CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMANN, LINDA			3.2 NAME			
STREET ADDRESS	2504 MILLS CREEK ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL 32766			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, KATHIE			4.2 NAME	SMITH KATHIE		
STREET ADDRESS	2476 MILLS CREEK ROAD			4.3 STREET ADDRESS	2476 MILLS CREEK RD.		
CITY-ST-ZIP	CHULUOTA FL 32766			4.4 CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	ATD	<input type="checkbox"/> DELETE		5.1 TITLE	SD/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIETRICH, LISA			5.2 NAME	DIETRICH, LISA		
STREET ADDRESS	2276 MILLS CREEK ROAD			5.3 STREET ADDRESS	2276 MILLS CREEK RD.		
CITY-ST-ZIP	CHULUOTA FL 32766			5.4 CITY-ST-ZIP	CHULUOTA, FL 32766		
TITLE	AD	<input type="checkbox"/> DELETE		6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, RAY			6.2 NAME	JOHNSON, RAY		
STREET ADDRESS	2548 BUCK KNIFE CT.			6.3 STREET ADDRESS	2548 BUCK KNIFE RD.		
CITY-ST-ZIP	CHULUOTA FL 32766			6.4 CITY-ST-ZIP	CHULUOTA, FL 32766		

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.

CR2E037 (9/96)