

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11510 (7)
1. Corporation Name
LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION OF OKAL OOSA COUNTY, INC.



Principal Place of Business Mailing Address
**400 WESTLAKE CT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578
US**

3. Date Incorporated or Qualified **10/09/1985** 3a. Date of Last Report **02/22/1995**
4. FEI Number **59-2652620** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**ABBOTT REALTY SERVICES, INC.
35000 EMERALD COAST PARKWAY
DESTIN FL 32541**

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	D	<input type="checkbox"/> DELETE
NAME	KARIM, SHOMELA R.	
STREET ADDRESS	314 WESTLAKE CT	
CITY - ST - ZIP	NICEVILLE FL 32578	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAUGHTRY, SHEILA	
STREET ADDRESS	9533 RAINIER CIR	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARRON, MONI	
STREET ADDRESS	301 WESTLAKE CT	
CITY - ST - ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, DEAN	
STREET ADDRESS	201 WESTLAKE CT	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GALLAVAN, BOB	
STREET ADDRESS	214 WESTLAKE CT	
CITY - ST - ZIP	NICEVILLE FL 32578	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WALLACE, ROBERT J.	
STREET ADDRESS	601 FAIRWAY AVE	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	

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	ZIP
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ZIP
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	ZIP
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert J. Wallace

ROBERT J. WALLACE AS

01-22-96 864-5557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)