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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morath
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

400 WESTLAKE CT
POST OFFICE BOX 5272. BWB
NICEVILLE FL 32578-5272
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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)

12. OFFICERS AND DIRECTORS

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

3. Date incorporated or Qualified 10/09/1985	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2652620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

1 Name	2 Street Address (P.O. Box Number Is Not Acceptable)	3	4 City	FL	85	Zip Code
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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.

SIGNATURE _____ DATE _____

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
STD	ECK, FRANCIS	2931 DELA VAN DRIVE	BEL MONT, MD 63121	<input checked="" type="checkbox"/>
VPD	BALL, STEPHEN J.	210 SOUTHWALKS COURT	NICEVILLE, FL 32578	<input checked="" type="checkbox"/>
AS			NICEVILLE, FL 32578	<input type="checkbox"/>
			FT WALTON BEACH, FL 32547	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE: _____ DATE: 2-15-97 904-864-5557

CR2E037 (9/96)