

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Sep 17 1998 8:00am
 Secretary of State

0002500

DOCUMENT # N23036 (9)

1. Corporation Name
 WILLA LAKE PHASE ONE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: P O BOX 622004 OVIEDO FL 32765 US
 Mailing Address: P O BOX 622004 OVIEDO FL 32765 US

3. Date Incorporated or Qualified: 10/15/1987
 4. FEI Number: 59-3067730
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? [X] Yes [] No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No

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

9. Name and Address of Current Registered Agent
 NAVE, JOAN
 1051 WILLA LAKE CIRCLE
 OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name: JEFF BAUER
 82 Street Address (P.O. Box Number is Not Acceptable): 1060 Willa Lake Cir
 83 City: Oviedo
 84 City: Oviedo
 85 Zip Code: FL 32765

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: Jeff Bauer, Pres. 7-19-98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: V	NAME: ALLMAN, JAMES	DELETED: [X]
STREET ADDRESS: 1000 WILLA LAKE CIR	CITY-ST-ZIP: OVIEDO FL	
TITLE: T	NAME: DIAZ, LYDIA	DELETED: []
STREET ADDRESS: 1057 WILLA LAKE CIR	CITY-ST-ZIP: OVIEDO FL	
TITLE: P	NAME: NAVE, JOAN	DELETED: [X]
STREET ADDRESS: 1051 WILLA LAKE CIRCLE	CITY-ST-ZIP: OVIEDO FL	
TITLE: DS	NAME: THERMENOS, CHARLA	DELETED: [X]
STREET ADDRESS: 1000 WILLA DRIVE	CITY-ST-ZIP: OVIEDO FL	
TITLE: []	NAME: []	DELETED: []
STREET ADDRESS: []	CITY-ST-ZIP: []	
TITLE: []	NAME: []	DELETED: []
STREET ADDRESS: []	CITY-ST-ZIP: []	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998

1.1 TITLE: D	NAME: Mike Conroy	Change: [X] Addition: [X]
1.2 NAME: 1000 Willa Ct.	1.3 STREET ADDRESS: Oviedo FL 32765	
2.1 TITLE: []	2.2 NAME: []	Change: [] Addition: []
2.3 STREET ADDRESS: []	2.4 CITY-ST-ZIP: []	
3.1 TITLE: D	NAME: JEFF BAUER	Change: [X] Addition: [X]
3.2 NAME: 1051 Willa Lake Cir	3.3 STREET ADDRESS: Oviedo FL 32765	
3.4 CITY-ST-ZIP: []		
4.1 TITLE: D	NAME: Charity Golden	Change: [X] Addition: [X]
4.2 NAME: 1000 Willa Lake Cir	4.3 STREET ADDRESS: Oviedo, FL 32765	
4.4 CITY-ST-ZIP: []		
5.1 TITLE: []	5.2 NAME: []	Change: [] Addition: []
5.3 STREET ADDRESS: []	5.4 CITY-ST-ZIP: []	
6.1 TITLE: []	6.2 NAME: []	Change: [] Addition: []
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)(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] 7-19-98 407-740-7704
 DAYTIME PHONE #

CR2E037 (5/98)