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May 01 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 # N26980 (5)

1. Corporation Name
LAKE JEWELL HILLS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 518 JENNIE JEWELL DRIVE EDWARD HEIRHOLZER ORLANDO FL 32806	Mailing Address 518 JENNIE JEWELL DRIVE EDWARD HEIRHOLZER ORLANDO FL 32806-6239
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3. Date Incorporated or Qualified 06/16/1988	3a. Date of Last Report 04/26/1996
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21. Principal Place of Business 530 Claire St	26. Mailing Address 530 Claire St
22. Suite, Apt. #, etc. 0/0 MICHAEL SCHRIMSHER	27. Suite, Apt. #, etc. 0/0 MICHAEL SCHRIMSHER
23. City & State ORLANDO FL	28. City & State ORLANDO FL
24. Zip 32806	25. Country ORANGE
29. Zip 32806	30. Country ORANGE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent
**CROWELL, MAUREEN G
510 JENNIE JEWELL DR
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name MICHAEL A. SCHRIMSHER
82 Street Address (P.O. Box Number is Not Acceptable) 530 CLAIRE ST
83
84 City ORLANDO
85 Zip Code FL 32806

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: *Michael A. Schrimsher* **Michael A. Schrimsher, President** DATE: **4-21-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HIERHOLZER, EDWARD L.	
STREET ADDRESS 518 JENNIE JEWEL DR.	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SCHRIMSHER, MICHAEL A.	
STREET ADDRESS 530 CLAIRE STREET	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME YATES, LEIGHTON D. JR.	
STREET ADDRESS 3218 S. OSCEOLA AVE.	
CITY-ST-ZIP ORLANDO FL	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME CROWELL, MAUREEN G	
STREET ADDRESS 510 JENNIE JEWELL DR	
CITY-ST-ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ROTHAR, DAVID E.	
STREET ADDRESS 534 JENNIE JEWELL DR.	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JENNIFER BIBBEE	
1.3 STREET ADDRESS 526 CLAIRE ST	
1.4 CITY-ST-ZIP ORLANDO FL 32806	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME JULIE CANFIELD	
4.3 STREET ADDRESS 502 JENNIE JEWELL DR	
4.4 CITY-ST-ZIP ORLANDO FL 32806	
5.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Michael A. Schrimsher* **Michael A. Schrimsher** DATE: **4-21-97** DAYTIME PHONE: **407-423-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016796

CR2E037 (9/96)