

FILE NOW: FILING FEE IS \$61.25

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**May 09 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 # N27669 (3)

1. Corporation Name
LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434 SUITE 8000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 W. S.R. 434 SUITE 3000 LONGWOOD FL 32779-5010 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 07/29/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2909635	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TD	NAME ERAZO, SAMUEL	1.1 TITLE SD
STREET ADDRESS 6603 ABBEYDALE CT	CITY-ST-ZIP ORLANDO FL	1.2 NAME BUCKNER, DERRICK
		1.8 STREET ADDRESS 6538 ABBEYDALE CT
		1.4 CITY-ST-ZIP ORLANDO FL
TITLE SD	NAME FRANCHINA, PAUL	2.1 TITLE TD
STREET ADDRESS 6682 HAWKSMOOR DR.	CITY-ST-ZIP ORLANDO FL	2.2 NAME HELLWAGNER, FRANK
		2.8 STREET ADDRESS 6637 HAWKSMOOR DR
		2.4 CITY-ST-ZIP ORLANDO FL
TITLE D	NAME HELLWAGNER, FRANK	3.1 TITLE D
STREET ADDRESS 6637 HAWKSMOOR DR	CITY-ST-ZIP ORLANDO FL	3.2 NAME ROYAL JR, EDWARD
		3.8 STREET ADDRESS 6903 OAKMORE LN
		3.4 CITY-ST-ZIP ORLANDO FL
TITLE PD	NAME LEVELLE, JOHN P JR	4.1 TITLE
STREET ADDRESS 6646 HAWSMOOR DR	CITY-ST-ZIP ORLANDO FL	4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE VD	NAME VOLK, THOMAS J	5.1 TITLE
STREET ADDRESS 6738 KNIGHTSWOOD DR	CITY-ST-ZIP ORLANDO FL	5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

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		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.

CR2E037 (9/96)