

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 # N28322 (8)
1. Corporation Name
LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**55-7 SHANNON DR
SANTA ROSA BEACH FL 32459
US**

3. Date Incorporated or Qualified **09/12/1988** 3a. Date of Last Report **03/15/1995**
4. FEI Number **59-2958997** 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 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**LASLIE, MILDRED
55-6 SHANNON DR
SANTA ROSA BEACH FL 32459**

10. Name and Address of New Registered Agent
81 Name **GUTHRIE, THOMAS**
82 Street Address (P.O. Box Number Is Not Acceptable) **55-12 SHANNON DRIVE**
83 **SANTA ROSA BEACH, FL 32459**
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 *Sandra B. Mortham* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	LASLIE, MILDRED F	
STREET ADDRESS	55-6 SHANNON DR	
CITY-ST-ZIP	SANTA ROSA BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTHRIE, THOMAS	
STREET ADDRESS	55-12 SHANNON DR	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELDS, BARBARA	
STREET ADDRESS	LAKWOOD TOWNHOMES #1	
CITY-ST-ZIP	SANTA ROSA BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORLIFND, NANCY	
STREET ADDRESS	55-7 SHANNON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	BORLAND, NANCY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FIELDS, CHARLES	
5.3 STREET ADDRESS	17-1 SHANNON DR.	
5.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Nancy M. Borland, Treasurer* 4-14-96 (904) 231-5369
DATE DAYTIME PHONE #

CR2E037 (12/95)