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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
55-7 SHANNON DR SANTA ROSA BEACH FL 32459 US
55-7 SHANNON DR SANTA ROSA BEACH FL 32459-6640 US

3. Date Incorporated or Qualified 09/12/1988
3a. Date of Last Report 04/17/1996
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GUTHRIE, THOMAS
55-12 SHANNON DRIVE
SANTA ROSA BEACH FL 32459

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		
TITLE	SD	<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	LAKEWOOD TOWNHOMES #1	
CITY-ST-ZIP	SANTA ROSA BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORLAND, NANCY	
STREET ADDRESS	55-7 SHANNON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIELDS, CHARLES	
STREET ADDRESS	17-1 SHANNON DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input 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: Nancy M Borland 1-25-97 (904)231-5369

CP2E037 (9/96)