

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29375 (5)**
1. Corporation Name
INTERNATIONAL BASS LAKE RESORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**12000 U.S. HWY 27 N
DAVENPORT FL 33837
US** **12000 U.S. HWY 27 N
12000 U.S. HIGHWAY 27 NORTH
DAVENPORT FL 33837
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2955906** Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KEATHLEY, KERRY K.
12000 HIGHWAY 27 NORTH
DAVENPORT 33837**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KEATHLEY, HAROLD L.
STREET ADDRESS	106 ATLANTIC ROAD
CITY - ST - ZIP	N. PALM BEACH FL
TITLE	VD
NAME	KJELLGREN, BERTIL
STREET ADDRESS	233 N COUNTRY CLUB DR
CITY - ST - ZIP	ATLANTIS FL
TITLE	D
NAME	CLIFFORD, BERNARD
STREET ADDRESS	12000 US HWY 27 NORTH, LOT #88
CITY - ST - ZIP	DAVENPORT FL
TITLE	D
NAME	SPRUNT, JAMES R
STREET ADDRESS	12000 US HWY 27 N, LOT #134
CITY - ST - ZIP	DAVENPORT FL
TITLE	SVD
NAME	KEATHLEY, KERRY H
STREET ADDRESS	451 MONTANA AVENUE
CITY - ST - ZIP	DAVENPORT FL
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joyce Kjellgren
2.3 STREET ADDRESS	233 N. Country Club Dr.
2.4 CITY - ST - ZIP	Atlantis, FL 33462
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	700001490827
4.3 STREET ADDRESS	-05/17/95--01051--017
4.4 CITY - ST - ZIP	****163.75 ****163.75
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	JKH
6.3 STREET ADDRESS	5-1-95
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kerry H. Keathley** 5/5/95 813-424-3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)