

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
 AND
 FILED

96 AUG 29 AM 7:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION - ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29375 (5)

1. Corporation Name
INTERNATIONAL BASS LAKE RESORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12000 U.S. HWY 27 N DAVENPORT FL 33837 US	Mailing Address 12000 U.S. HWY 27 N 12000 U.S. HIGHWAY 27 NORTH DAVENPORT FL 33837 US
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3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2955906	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3485 W. Vine St.	2a. Mailing Address 26 3485 W. Vine St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee, FL	City & State 28 Kissimmee, FL
Zip 24 34741	Country 25 US
Country 29 34741	Zip 30

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

10. Name and Address of New Registered Agent

81 Name Arena Management Group, Inc.	85 Zip Code FL 34741
82 Street Address (P.O. Box Number is Not Acceptable) 3485 W. Vine St.	
83	
84 City Kissimmee	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KEATHLEY, HAROLD L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEATHLEY, HAROLD L.	1.2 NAME	Hawkins, Kevin
STREET ADDRESS	106 ATLANTIC ROAD	1.3 STREET ADDRESS	5449 S. Semoran Blvd., #20
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	VO KJELGREN, JOYCE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KJELGREN, JOYCE	2.2 NAME	Hollo, Jerry
STREET ADDRESS	233 N COUNTRY CLUB DR	2.3 STREET ADDRESS	5449 S. Semoran Blvd., #20
CITY-ST-ZIP	ATLANTIS FL 33482	2.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	D CLIFFORD, BERNARD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, BERNARD	3.2 NAME	Sutton, Derek
STREET ADDRESS	12000 US HWY 27 NORTH, LOT #88	3.3 STREET ADDRESS	5449 S. Semoran Blvd., #20
CITY-ST-ZIP	DAVENPORT FL	3.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	D SPRUNT, JAMES R <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUNT, JAMES R	4.2 NAME	
STREET ADDRESS	12000 US HWY 27 N, LOT #134	4.3 STREET ADDRESS	4000019536324
CITY-ST-ZIP	DAVENPORT FL	4.4 CITY-ST-ZIP	-08/30/96--01006--032
TITLE	SVD KEATHLEY, KERRY H <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	KEATHLEY, KERRY H	5.2 NAME	
STREET ADDRESS	451 MONTANA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4000019536324
 -08/30/96--01006--032
 ****236.25 ****236.25

Jara D. Ares

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: *Jara D. Ares*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)