

FILE NOW: FILING FEE IS \$61.25

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



Principal Place of Business 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 08/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2955906	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	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		10. Name and Address of New Registered Agent	
HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 4334, STE. 5000 LONGWOOD FL 32779-5044		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, KEVIN	1.2 NAME	
STREET ADDRESS	5449 S. SEMORAN BLVD., #20	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLO, JERRY	2.2 NAME	
STREET ADDRESS	5449 S. SEMORAN BLVD., #20	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, DEREK	3.2 NAME	TD
STREET ADDRESS	5449 S. SEMORAN BLVD., #20	3.3 STREET ADDRESS	LINDA PARKER
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	5449 S. SEMORAN BLVD #20 ORLANDO, FL 32822
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SD
STREET ADDRESS		4.3 STREET ADDRESS	GEORGE PETROFF
CITY-ST-ZIP		4.4 CITY-ST-ZIP	12000 US HWY 27 N #231 DAVENPORT, FL 33837
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	ROBERT MOFFIT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	12000 US HWY 27 N #289 DAVENPORT, FL 33837
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **11-1-97**

CR2E037 (9/96)