

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
---	---

3. Date Incorporated or Qualified 11/21/1988	
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24. Country	29. Country

9. Name and Address of Current Registered Agent

**HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 4334, STE. 5000
LONGWOOD FL 32779-5044**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. 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 HAWKINS, KEVIN	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5449 S. SEMORAN BLVD., #20	1.2 NAME	
STREET ADDRESS	ORLANDO FL 32822	1.3 STREET ADDRESS	2816 E. Robinson St #200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	VD HOLLO, JERRY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5449 S. SEMORAN BLVD., #20	2.2 NAME	
STREET ADDRESS	ORLANDO FL 32822	2.3 STREET ADDRESS	2816 E. Robinson St #200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	TD PARKER, LINDA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5449 S SEMORAN BLVD #20	3.2 NAME	
STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	2816 E. Robinson St #200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	SD PETROFF, GEORGE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12000 US HWY 27 N ////3231	4.2 NAME	
STREET ADDRESS	DAVENPORT FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MOFFIT, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12000 US HWY 27 N #289	5.2 NAME	
STREET ADDRESS	DAVENPORT FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2816 E. Robinson St #200	
1.4 CITY-ST-ZIP	Orlando, FL 32803	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2816 E. Robinson St #200	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2816 E. Robinson St #200	
3.4 CITY-ST-ZIP	Orlando, FL 32803	
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	TD	<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 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: *Linda K. Parker* LINDA K. PARKER 2/1/98 407-893-3707

CR2E037 (10/97)