

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35321** (1)
1. Corporation Name
LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

Principal Place of Business Mailing Address
PO BOX 351493 PO BOX 351493
PALM COAST FL 32135-0493 PALM COAST FL 32135-0493
US US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/17/1989 3a. Date of Last Report 03/18/1994
4. FEI Number 59-2646030 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
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

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
**STOKES, LEA A.
PALM COAST PROPERTY MANAGEMENT
4984 PALM COAST PARKWAY, N.W., SUITE 7
PALM COAST 32135-0493**

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 DP
NAME TUBBS, STEVEN
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL
TITLE DV
NAME MARTIN, PHILIP
STREET ADDRESS 57 LAKE FOREST PLACE
CITY-ST-ZIP PALM COAST FL
TITLE DST
NAME MCKINSTRY, JEAN E.
STREET ADDRESS 1 CORPORATE DR.
CITY-ST-ZIP PALM COAST FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS delete Tubbs
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS delete Martin
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS delete McKinstry
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME DIRECTOR/PRESIDENT
4.3 STREET ADDRESS JOHN BROCK
4.4 CITY-ST-ZIP 25 LAKE FOREST PLACE
PALM COAST, FL 32137
5.1 TITLE Change Addition
5.2 NAME DIRECTOR/SECRETARY/TREAS.
5.3 STREET ADDRESS GEORGE MCGUIRE
5.4 CITY-ST-ZIP 29 LAKE FOREST PLACE
PALM COAST, FL 32137
6.1 TITLE Change Addition
6.2 NAME DIRECTOR/VICE PRESIDENT
6.3 STREET ADDRESS PAUL SHAMPSHIRE
6.4 CITY-ST-ZIP 92 LAKE FOREST PLACE
PALM COAST, FL

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)(4), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John V. Brock* March 6, 1995 904446-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #