

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N35321** (1)
1. Corporation Name

LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.



Principal Place of Business PO BOX 351493 PALM COAST FL 32135-8493 US	Mailing Address PO BOX 351493 PALM COAST FL 32135-8493 US
---	---

3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 03/10/1995
4. FEI Number 59-2646030	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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 32135-8493**

10. Name and Address of New Registered Agent
81 Name **William A. White**
82 Street Address (P.O. Box Number is Not Acceptable)
**PALM COAST PROPERTY MGT
296 PALM COAST Pkwy NE
PALM COAST FL 32137**

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 officer 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 *William A. White* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, JOHN	
STREET ADDRESS	85 LAKE FOREST PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MCGUIRE, GEORGE	
STREET ADDRESS	88 LAKE FOREST PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHARPSHIRE, PAUL	
STREET ADDRESS	92 LAKE FOREST PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	300001786828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-04/19/96--01019--028	
1.3 STREET ADDRESS	***61.25	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
4.2 NAME	CARDL GRIMM	
4.3 STREET ADDRESS	88 LAKE FOREST PL.	
4.4 CITY-ST-ZIP	PALM COAST, FL 32137	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ERIC CARTER	
5.3 STREET ADDRESS	78 LAKE FOREST PL	
5.4 CITY-ST-ZIP	PALM COAST, FL 32137	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GWENDOLYN SCHOELKOPF	
6.3 STREET ADDRESS	10 LAKE FOREST N. COURT	
6.4 CITY-ST-ZIP	PALM COAST, FL 32137	

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: *Paul Sharpshire* DATE: *7/1/96* DAYTIME PHONE # *4-18-96 JR*

CR2E037 (12/95)