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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

PO BOX 351493
PALM COAST FL 32135-4493
US

PO BOX 351493
PALM COAST FL 32135-1493
US

3. Date Incorporated or Qualified
11/17/1989

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, WILLIAM A
PALM COAST PROPERTY MANAGEMENT
296 PALM COAST PKWY NE
PALM COAST FL 32137

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 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

William A. White

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME GRIMM, CAROL
STREET ADDRESS 88 LAKE FOREST PL.
CITY-ST-ZIP PALM COAST FL 32137

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DST DELETE
NAME MCGUIRE, GEORGE
STREET ADDRESS 88 LAKE FOREST PLACE
CITY-ST-ZIP PALM COAST FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME SHARPSHIRE, PAUL
STREET ADDRESS 92 LAKE FOREST PLACE
CITY-ST-ZIP PALM COAST FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME CARTER, ERIC
STREET ADDRESS 78 LAKE FOREST PL.
CITY-ST-ZIP PALM COAST FL 32137

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME SCHOELKOPF, GWENDOLYN
STREET ADDRESS 10 LAKE FOREST N CT.
CITY-ST-ZIP PALM COAST FL 32137

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Gwendolyn Schoelkopf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

Daytime Phone 6002618

CR2E037 (9/96)