

FILE NOW: FILING FEE IS \$61.25

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Feb 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
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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
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3. Date Incorporated or Qualified 11/17/1989	
4. FEI Number 59-2646030	Applied For <input type="checkbox"/> Not Applicable

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
25. Country	30. Country

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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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* **2-13-98** DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GRIMM, CAROL
STREET ADDRESS	88 LAKE FOREST PL.
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	DST <input type="checkbox"/> DELETE
NAME	MCGUIRE, GEORGE
STREET ADDRESS	88 LAKE FOREST PLACE
CITY-ST-ZIP	PALM COAST FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	SHARPSHIRE, PAUL
STREET ADDRESS	92 LAKE FOREST PLACE
CITY-ST-ZIP	PALM COAST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARTER, ERIC
STREET ADDRESS	78 LAKE FOREST PL.
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHOELKOPF, GWENDOLYN
STREET ADDRESS	10 LAKE FOREST N ST. circle
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input checked="" 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	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input checked="" 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 *Gwendolyn Schoelkopf* **2-18-98 904-446-6333**

CR2E037 (10/97)