

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N42181 (0)

1. Corporation Name  
LADY LAKE CEMETERY ASSOCIATION, INC.



Principal Place of Business Mailing Address  
POST OFFICE BOX 1677 LADY LAKE FL 32159 POST OFFICE BOX 1677 LADY LAKE FL 32158-1677

3. Date Incorporated or Qualified 02/18/1991 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2152325 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

2. Principal Place of Business 2a. Mailing Address  
21 Sulte, Apt. #, etc. 26 Sulte, 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

10. Name and Address of New Registered Agent

ANDERSON, PAUL S.  
2625 GRIFFINVIEW DR.  
LADY LAKE FL 32159

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: *Paul Anderson* Paul Anderson DATE: 4/26/97  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ANDERSON, GARY E. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GARY E.	1.2 NAME	
STREET ADDRESS	201 EAST LADYLAKE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	
TITLE	D STOLZ, BOB <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLZ, BOB	2.2 NAME	Donna Morris
STREET ADDRESS	302 REDBUD LANE	2.3 STREET ADDRESS	2713 Griffin Avenue
CITY-ST-ZIP	LADY LAKE FL 32159	2.4 CITY-ST-ZIP	Lady Lake FL 32159
TITLE	D BUCHANAN, JAMES M. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, JAMES M.	3.2 NAME	
STREET ADDRESS	620 TARRSON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADYLAKE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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.

CR2E037 (9/96)