

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 # **N93000003345 (6)**

1. Corporation Name

LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4900 LAKE PIERCE DRIVE
LAKE WALES FL 33853

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LAKE WALES FL 33853

3. Date Incorporated or Qualified 07/26/1993	3a. Date of Last Report 02/13/1995
4. FEI Number 59-3211355	Applied For 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 checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent

PITTS, THEODORE
4980 LAKE PIERCE DRIVE
LAKE WALES FL 33853

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 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CECIL, JACK	
STREET ADDRESS	4970 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, JOHN	
STREET ADDRESS	5063 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIPER, JANE R	
STREET ADDRESS	5000 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PITTS, THEODORE	
STREET ADDRESS	4980 LAKE PIERCE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPARKS, RAMON	
STREET ADDRESS	5030 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ADAMS, JIM	
1.3 STREET ADDRESS	5060 LAKE PIERCE DR.	
1.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FUTCH, DANIEL	
2.3 STREET ADDRESS	5050 LAKE PIERCE DR.	
2.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
3.1 TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MACCALLUM, DUNCAN	
3.3 STREET ADDRESS	5040 LAKE PIERCE DR.	
3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
4.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PITTS, THEODORE	
4.3 STREET ADDRESS	4980 LAKE PIERCE DR.	
4.4 CITY-ST-ZIP	LAKE WALES, FL. 33853	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SPARKS, RAMON	
5.3 STREET ADDRESS	5030 LAKE PIERCE DR.	
5.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
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 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: Theodore Pitts Theodore Pitts Jan 24, 1996 941-4396541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)