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Feb 04 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 # N93000003345 (6)

1. Corporation Name
LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 4980 LAKE PIERCE DRIVE LAKE WALES FL 33853
Mailing Address: 4980 LAKE PIERCE DRIVE LAKE WALES FL 33853-8883

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 01/31/1996
4. FEI Number: 59-3211355
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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 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: 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 checked="" type="checkbox"/> DELETE
NAME	CECIL, JACK
STREET ADDRESS	4970 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DUNN, JOHN
STREET ADDRESS	5063 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES FL
TITLE	PD <input checked="" 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	PD <input type="checkbox"/> DELETE
NAME	SPARKS, RAMON
STREET ADDRESS	5030 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, JIM
STREET ADDRESS	5060 LAKE PIERCE DR.
CITY-ST-ZIP	LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAM CRISSMAN
1.3 STREET ADDRESS	2740 LAKE PIERCE DR
1.4 CITY-ST-ZIP	LAKE WALES, FL
2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAC CALLUM, DUNCAN
2.3 STREET ADDRESS	5040 LAKE PIERCE DRIVE
2.4 CITY-ST-ZIP	LAKE WALES, FL
3.1 TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REEVES, DAIR
3.3 STREET ADDRESS	4979 LAKE PIERCE DR
3.4 CITY-ST-ZIP	LAKE WALES, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <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
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 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: *Jim Adams* PITTS, THEODORE
Date: JAN 28, 1997 941 439 6541
Daytime Phone # 003936

CR2E037 (9/96)