

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000003345 (6) DL**
 1. Corporation Name **Lake Pierc Homeowners Association INC.**

Principal Place of Business Mailing Address
4980 LAKE PIERCE DRIVE LAKE WALES, FL. 33853 **4980 LAKE PIERCE DRIVE LAKE WALES, FL. 33853**

21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	07/26/1993
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-3211355
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PITTs, Theodore 4980 LAKE PIERCE DRIVE LAKE WALES, FL. 33853		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYSSMAN SAM.	1.2 NAME	
STREET ADDRESS	2740 LAKE PIERCE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL. 33853	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCALLUM, DUNCAN	2.2 NAME	DUNCAN, DUNCAN
STREET ADDRESS	5040 LAKE PIERCE DR	2.3 STREET ADDRESS	5040 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES, FL. 33853	2.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, DALE	3.2 NAME	REEVES, DALE
STREET ADDRESS	4979 LAKE PIERCE DR	3.3 STREET ADDRESS	4979 LAKE PIERCE DRIVE
CITY-ST-ZIP	LAKE WALES, FL. 33853	3.4 CITY-ST-ZIP	LAKE WALES, FL. 33853
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTs, Theodore	4.2 NAME	
STREET ADDRESS	4980 LAKE PIERCE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL. 33853	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, RAMOND	5.2 NAME	
STREET ADDRESS	5030 LAKE PIERCE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL. 33853	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TRAIKENHOFF, JACK
STREET ADDRESS		6.3 STREET ADDRESS	5063 LAKE PIERCE DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE WALES, FL. 33853

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Theodore R. Pitts Theodore R. PITTs Date: Feb 14, 1999 Daytime Phone #: 941 4396641

CR2E037 (11/98)