

FILE NOW: FILING FEE IS \$61.25

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**Mar 06 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 # N94000003769 (6)
 1. Corporation Name
LEHIGH SENIOR HIGH MUSIC PARENTS ASSOCIATION INC



Principal Place of Business 801 GUNNERY ROAD LEHIGH ACRES FL 33971	Mailing Address 801 GUNNERY ROAD LEHIGH ACRES FL 33971
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3. Date Incorporated or Qualified 07/29/1994	
4. FEI Number 65-0510520	Applied For <input type="checkbox"/> 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
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**DAVISON, ANDRA M
21 HIGHLND AVE
LEHIGH ACRES FL 33936**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGLETON, WILLIE	
STREET ADDRESS	21 CLAYTON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VALE, ANN	
STREET ADDRESS	619 POINSETTIA AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GENSKE, BARBARA	
STREET ADDRESS	503 CALVIN AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADAME, BECKY	
STREET ADDRESS	422 CLEVELAND AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARALES, JAY	
STREET ADDRESS	801 GUNNERY ROAD	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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(9)(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: *[Handwritten Signature]* **ADDITIONAL SIGNATURE REQUIRED** *[Handwritten Signature]* **944-310-5848**

CR2E037 (10/97)