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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90195 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003883

1. Corporation Name
LAKE TARPON VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 28059 US HIGHWAY 19 N SUITE 100 CLEARWATER FL 33761 US	Mailing Address 28059 US HIGHWAY 19 N SUITE 100 CLEARWATER FL 33761 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	30 3. Date Incorporated or Qualified 07/24/1996 4. FEI Number 59-3398834 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
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9. Name and Address of Current Registered Agent

KIMPTON, WILLIAM J
28059 US HIGHWAY 19 N
SUITE 100
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name **Jerry Wicky**
82 Street Address (P.O. Box Number is Not Acceptable)
221 Lafayette Blvd.
83 **P.O. Box 1191**
84 City **Oldsmar, FL** 85 Zip Code **34677**

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 *Jerry Wicky* **Jerry Wicky** **1-14-99**
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARLESIMO, ONORIO	
STREET ADDRESS	211 HEDDEN COURT	
CITY-ST-ZIP	OZONA FL 34660	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KIMPTON, WILLIAM J	
STREET ADDRESS	28059 US HIGHWAY-19 N STE 100	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMORANVILLE, ROBERT	
STREET ADDRESS	2595 CYPRUS DRIVE APT 103	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TO Jim Lawless	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2571 Cyprus Dr. # 106	
4.3 STREET ADDRESS	Palm Harbor, Fl. 34684	
4.4 CITY-ST-ZIP		
5.1 TITLE	SO Jane Hewitt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	2835 Cobblestone Dr.	
5.3 STREET ADDRESS	Palm Harbor, Fl. 34684	
5.4 CITY-ST-ZIP		
6.1 TITLE	O. Samantha Maedgen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2579 Cyprus Dr. # 101	
6.3 STREET ADDRESS	Palm Harbor, Fl. 34684	
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(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, with all other like empowered.

SIGNATURE: *Robert Demoranville* **Robert Demoranville** **1-14-99** **727-939-2123**
Signature, typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (1/98)