


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 14 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 # N97000000275 (4)

1. Corporation Name
LAKE CRESCENT PINES EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2909 W. STATE ROAD 434 SUITE 121-131 LONGWOOD FL 32779	Mailing Address 2909 W. STATE ROAD 434 SUITE 121-131 LONGWOOD FL 32779
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3. Date Incorporated or Qualified 01/16/1997
4. FEI Number 59-3426910
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

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

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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

FREEDMAN, JEROME B
 2909 W. STATE ROAD 434
 SUITE 121-131
 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, BARRY S	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIEDERMAN, ROBERT A	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN, JEROME B	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHERR, HAROLD E	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOVOTNY, CHRISTINA M	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D - VP - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODMAN, BARRY S.	
1.3 STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
2.1 TITLE	D - S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIEDERMAN, ROBERT A.	
2.3 STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE	D - P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FREEDMAN, JEROME B.	
3.3 STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
3.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Debbie Riggs	
4.3 STREET ADDRESS	2909 W. State Road 434, #121-131	
4.4 CITY-ST-ZIP	Longwood, FL 32779	
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(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: *Robert A. Biederman* Secretary **4/4/98** (407) 786-4244

CR2E037 (10/97)