

FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90127 019 ***150.00

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000004545

1. Corporation Name
LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC

481106 - 90127 - 19

Principal Place of Business
 3300 UNIVERSITY BLVD., STE. 253
 WINTER PARK FL 32792

Mailing Address
 6767 N WICKHAM RD
 SUITE 500
 MELBOURNE FL 32940
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/11/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		29 Zip Country		59-3471341	
24		30		Applied For	
				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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRESE, GARY B 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE FL 32901				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BUESCHER, JON		1.2 NAME	Toro, Margaret			
STREET ADDRESS	3300 UNIVERSITY BLVD., STE. 253		1.3 STREET ADDRESS	3300 University Blvd., Ste 253			
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-ST-ZIP	Winter Park, FL 32792			
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOLFE, JACK		2.2 NAME				
STREET ADDRESS	3300 UNIVERSITY BLVD., STE. 253		2.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRAT, ALEX		3.2 NAME				
STREET ADDRESS	6767 N WICKHAM RD., STE 500		3.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32940		3.4 CITY-ST-ZIP				
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KUSH, ROBERT M		4.2 NAME	Smithwick, Robert			
STREET ADDRESS	6767 N WICKHAM RD., STE 500		4.3 STREET ADDRESS	3300 University Blvd., Ste 253			
CITY-ST-ZIP	MELBOURNE FL 32940		4.4 CITY-ST-ZIP	Winter Park, FL 32792			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: Margaret Toro **NO FILING FEE REQUIRED**

CR2E037 (11/98)