

FILED
Feb 20, 1999 8:00 am
Secretary of State

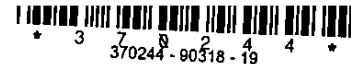
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001125

1. Corporation Name

LUGANO COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 713 CENTER CREST BOULEVARD DAVENPORT FL 33837	Mailing Address 713 CENTER CREST BOULEVARD DAVENPORT FL 33837
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 02/25/1998
-- Suite, Apt. #, etc.	-- Suite, Apt. #, etc.	4. FEI Number 59-2933876
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 Zip Country	28 Zip Country	5. Certificate of Status Desired NO \$8.75 Additional Fee Required
24	25	29
24 Zip Country	25	29 Zip Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

SAGER, TEODOR
713 CENTER CREST BOULEVARD
DAVENPORT FL 33837

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, THEODORE J	1.2 NAME	
STREET ADDRESS	713 CENTER CREST BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, ANNALIESE F	2.2 NAME	
STREET ADDRESS	713 CENTER CREST BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, ANDREAS M	3.2 NAME	
STREET ADDRESS	713 CENTER CREST BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *Teodor J. Sager* Date: 2-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)