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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90067 043 ****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 # N98000004785

1. Corporation Name

LAKES LARGO'S HOME OWNER'S ASSOCIATION, INC.

127061 - 90067 - 73

Principal Place of Business

12 NEWPORT DR.
 CRESTVIEW FL 32539

Mailing Address

12 NEWPORT DR.
 CRESTVIEW FL 32539



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/17/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3381740
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	25	Trust Fund Contribution <input type="checkbox"/>
	29	30
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WADE, CHARLES A ESQ.
 14 DEL CERRO CAMINO
 P.O. BOX 785 (MAILING)
 CRESTVIEW FL 32539

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLAMERY, JIM	1.2 NAME	
STREET ADDRESS	12 NEWPORT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, CHARLES A ESQ.	2.2 NAME	
STREET ADDRESS	14 DEL CERRO CAMINO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, LINDA	3.2 NAME	
STREET ADDRESS	14 NEWPORT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAS, BOYCE REV.	4.2 NAME	
STREET ADDRESS	12 DEL CERRO CAMINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREOWSKI, WOLFGANG	5.2 NAME	
STREET ADDRESS	61 DEL CERRO CAMINO	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, DAN	6.2 NAME	
STREET ADDRESS	14 NEWPORT DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	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:

SIGNATURE REQUIRED

James L. McGlavery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)