

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N43512** (5)  
1. Corporation Name  
**LAKE GANDY SHORES HOMEOWNERS ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>P O BOX 608011<br/>ORLANDO FL 32860-8011<br/>US</b> | Mailing Address<br><b>P O BOX 608011<br/>ORLANDO FL 32860-8011<br/>US</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/21/1991</b>   | 3a. Date of Last Report<br><b>04/05/1996</b>           |
| 4. FEI Number<br><b>59-3075101</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                    |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Piece of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

|   |                       |
|---|-----------------------|
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 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                      | <b>TD</b>                   | 1.1 TITLE   | <b>TD</b>                   |
| NAME                       | <b>HOLT, ROGER</b>          | 1.2 NAME  | <b>Landry, Brenda</b>       |
| STREET ADDRESS             | <b>4218 RUNDLE ROAD</b>     | 1.3 STREET ADDRESS                                    | <b>8264 Shay Lynn Court</b> |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>           | 1.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32810</b>    |
| TITLE                      | <b>PD</b>                   | 2.1 TITLE   | <b>PD</b>                   |
| NAME                       | <b>ZAFFRAN, JANET</b>       | 2.2 NAME  | <b>Cornils, Dick</b>        |
| STREET ADDRESS             | <b>8224 SHAY LYNN CT.</b>   | 2.3 STREET ADDRESS                                    | <b>8224 Shay Lynn Court</b> |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>           | 2.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32810</b>    |
| TITLE                      | <b>SD</b>                   | 3.1 TITLE   | <b>SD</b>                   |
| NAME                       | <b>CHRISTENSEN, WILLIAM</b> | 3.2 NAME  | <b>Bebber, Carol</b>        |
| STREET ADDRESS             | <b>8216 SHAY LYNN CT.</b>   | 3.3 STREET ADDRESS                                    | <b>8265 Shay Lynn Court</b> |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>           | 3.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32810</b>    |
| TITLE                      |                             | 4.1 TITLE   |                             |
| NAME                       |                             | 4.2 NAME  |                             |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                             | 5.1 TITLE   |                             |
| NAME                       |                             | 5.2 NAME  |                             |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                             | 6.1 TITLE   |                             |
| NAME                       |                             | 6.2 NAME  |                             |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |                             |

14. I do 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 *[Signature]* 4/14/97 407-915-1951

CR2E037 (9/96)