

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 SEP 17 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

N96000002849 (5)

Lake Underhill Pines Homeowners
Association, Inc.

Principal Place of Business

Mailing Address

5300 S. Orange Ave. 5300 S. Orange Avenue
Orlando, FL 32808 Orlando, FL 32809-3402

NON-PROFIT

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Brennan, David C.
201 East Pine Street #1402
Orlando, Florida 32801

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 607.0502 and 607.1508, 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 607.0505, 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	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Roger Smith "D"	12 NAME	900002297199-9
STREET ADDRESS	5300 S. Orange Ave.	13 STREET ADDRESS	-09/18/97--01085--002
CITY-ST-ZIP	Orlando, FL 32809	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	Secretary/Treasurer	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert S. Harrell "D"	2.2 NAME	
STREET ADDRESS	5300 S. Orange Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32809	2.4 CITY-ST-ZIP	
TITLE	Denny P. Smith	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5300 S. Orange Avenue "D"	3.2 NAME	
STREET ADDRESS	Orlando, FL 32809	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 supplement 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, the receiver or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or correcting an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/97

(407) 859-2601

CR2E034 (9/96)