


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48428** (9)

1. Corporation Name

LAKEWOOD VILLAGE RO ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1455 90TH AVE LOT A23 VERO BEACH FL 32966 US	1455 90TH AVE LOT A23 VERO BEACH FL 32966 US

3. Date Incorporated or Qualified	04/17/1992
4. FEI Number	65-0328949
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1455 90th Ave	26 1455 90th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Vero Beach FL	28 Vero Beach FL
Zip	Zip
24 32966	29 32966
Country	Country
25	30

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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
EMARD, NORMAND G 1455 - 90TH AVE. LOT 109 VERO BEACH FL 32966	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SCHERRER, ELEANOR A
STREET ADDRESS	1455 90TH AVE, LOT A23
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	D
NAME	EMARD, NORMAN
STREET ADDRESS	1455 90TH AVE, LOT 109
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	D
NAME	SAUNDERS, JAMES F
STREET ADDRESS	1455 - 90TH AVE.
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	DST
NAME	SHEPKE, NANCY L
STREET ADDRESS	1455 90TH AVE, LOT A5
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	D
NAME	MARTIN, DUANE
STREET ADDRESS	1455 90TH AVE LOT 206
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Treasurer D
1.2 NAME	Frank Sahied
1.3 STREET ADDRESS	1455 90th Ave LOT 183
1.4 CITY-ST-ZIP	VERO BEACH FL 32966
2.1 TITLE	President DP
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary DST
3.2 NAME	Janet Huntley
3.3 STREET ADDRESS	1455 90th Ave LOT A4
3.4 CITY-ST-ZIP	VERO BEACH, FL 32966
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President D
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VIP
6.2 NAME	Harold Ellis
6.3 STREET ADDRESS	1455 90th Ave LOT 18
6.4 CITY-ST-ZIP	VERO BEACH FL 32966

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.

SIGNATURE _____ 3-18-98

CR2E037 (10/97)