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May 12 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 # 757693 (7)
1. Corporation Name
LAKE HOWELL ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434 5000 LONGWOOD FL 32779 US	Mailing Address 2180 WEST SR 434 5000 LONGWOOD FL 32779 US
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3. Date Incorporated or Qualified 04/23/1981
4. FEI Number 59-2166337
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4030 DIXON DR. Suite, Apt. #, etc.	2a. Mailing Address 26 4030 DIXON DR. Suite, Apt. #, etc.
City & State 23 ORLANDO FL	City & State 27 ORLANDO FL
Zip 24 32808	Country 25 USA
Zip 29 32808	Country 30 USA

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 type="checkbox"/> Yes <input checked="" 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 HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779	
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10. Name and Address of New Registered Agent	
81 Name ANGELIA GORDON PROP. MGMT	
82 Street Address (P.O. Box Number Is Not Acceptable) 4030 DIXON DR.	
83	
84 City ORLANDO	85 Zip Code FL 32808

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 *Christopher Koback* **CHRISTOPHER KOBACK, AGENT 4/24/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME KILCOURSE, ROBERT	
STREET ADDRESS 624 A GEORGETOWN DR.	
CITY-ST-ZIP CASSELBERRY FL 32707	
TITLE PD	<input type="checkbox"/> DELETE
NAME BAUMAN, WES	
STREET ADDRESS 528 D GEORGETOWN DR.	
CITY-ST-ZIP CASSELBERRY FL 32707	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME COOK, WANDA	
STREET ADDRESS 528 A GEORGETOWN DR.	
CITY-ST-ZIP CASSELBERRY FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME KILCOURSE, ELIZABETH	
STREET ADDRESS 624A GEORGETOWN DR	
CITY-ST-ZIP CASSELBERRY FL 32707	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BEASLEY, LARRY	
STREET ADDRESS 912 ARABIAN AVE	
CITY-ST-ZIP WINTER SPRINGS FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME THOMAS, BETTY	
STREET ADDRESS 221 C GEORGETOWN DR	
CITY-ST-ZIP CASSELBERRY FL 32707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Kilcourse, Robert	
1.3 STREET ADDRESS 624 A Georgetown Dr.	
1.4 CITY-ST-ZIP Casselberry FL 32707	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Ryan, Edythe	
2.3 STREET ADDRESS 101A Georgetown Dr.	
2.4 CITY-ST-ZIP Casselberry, FL 32707	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ryan, Eddie	
3.3 STREET ADDRESS 101A Georgetown Dr.	
3.4 CITY-ST-ZIP Casselberry, FL 32707	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Wes Bauman President* **4/29/98**

CR2E037 (10/97)