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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41222

1. Corporation Name

LAKE JOHIO WATERSIDE HOMEOWNER'S ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/16/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3117652

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JR. J W.
 SENTRY MANAGEMENT, INC.
 2180 W. SR 434, SUITE 5000
 LONGWOOD FL 32779

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

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 PD DELETE
 NAME PANKEY, VICTOR S.
 STREET ADDRESS 3264 SHEARER CROSSING
 CITY-ST-ZIP FALLBROOK CA 92028

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME CHOI, CHARLES Y..
 STREET ADDRESS 526 PENROSE BLVD
 CITY-ST-ZIP COLORADO SPRINGS FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE STD DELETE
 NAME PANKEY, EDGAR E.
 STREET ADDRESS 320 W. MAIN
 CITY-ST-ZIP TUSTIN, CALF.

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME PD
 4.3 STREET ADDRESS SIMON, BILL
 4.4 CITY-ST-ZIP 2711 CULLENS CT
 OCOEE FL 34761

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME VD
 5.3 STREET ADDRESS STRINGER, SCOTT
 5.4 CITY-ST-ZIP 2888 CULLENS CT
 OCOEE, FL 34761

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME SD
 6.3 STREET ADDRESS GILBERT, BILL
 6.4 CITY-ST-ZIP 2752 CULLENS CT
 OCOEE, FL 34761

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]* SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/1/98)

247028-90056-5
N41222

LAKE JOHIO WATERSIDE HOMEOWNERS ASSN., INC.

TITLE		DELETE	ADDITION	CHANGE
NAME	TD		X	
STREET ADDRESS	BROWN, BRUCE			
CITY ST ZIP	2791 CULLENS CT OCOEE FL 34761			

TITLE		DELETE	ADDITION	CHANGE
NAME	D		X	
STREET ADDRESS	YAPOR, IRMA			
CITY ST ZIP	2703 KEMOS LANDING OCOEE FL 34761			

TITLE		DELETE	ADDITION	CHANE
NAME	D		X	
STREET ADDRESS	WHITE, AUDREY			
CITY ST ZIP	2711 CHILD ST OCOEE FL 34761			

TITLE		DELETE	ADDITION	CHANGE
NAME	D		X	
STREET ADDRESS	VAN HOLT, AMY			
CITY ST ZIP	2795 CULLENS CT OCOEE FL 34761			

TITLE		DELETE	ADDITION	CHANGE
NAME	D		X	
STREET ADDRESS	VELEZ, HECTOR			
CITY ST ZIP	2139 NEW VICTOR RD OCOEE FL 34761			

TITLE		DELETE	ADDITION	CHANGE
NAME	D		X	
STREET ADDRESS	BESTINGER, TOMMY			
CITY ST ZIP	2887 CULLENS CT OCOEE FL 34761			