


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

FILED

Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 214461 (6)  
1. Corporation Name  
LAKE REGION YACHT AND COUNTRY CLUB INC

Principal Place of Business 4200 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881	Mailing Address 4200 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/08/1958	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0904898	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FIDDELKE, MICHAEL 412 HORSESHOE LANE WINTER HAVEN FL 33880				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 607.0502 and 607.1503, 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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISS, CHARLES K.		1.2 NAME	Michael B. Murphy	
STREET ADDRESS	312 NIBLICK CIRCLE		1.3 STREET ADDRESS	60 2nd Street S.E.	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	Winter Haven, Fl. 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JAMES W JR		2.2 NAME	Roger M. Phillips	
STREET ADDRESS	1000 ISLAND WAY		2.3 STREET ADDRESS	320 4th Street N.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHILTON, CHARLES R.		3.2 NAME	Wiley E. Koon	
STREET ADDRESS	2503 PARTRIDGE LANE SE		3.3 STREET ADDRESS	123 Old Spanish Way	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven, Fl. 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAAC, A G		4.2 NAME	W. Terry Stewart	
STREET ADDRESS	449 SAN JOSE		4.3 STREET ADDRESS	325 Hamilton Shore Dr.	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISS, CHARLES K		5.2 NAME	Peggy Williard	
STREET ADDRESS	672 WAKULLA DR SE		5.3 STREET ADDRESS	121 Woden Way S.E.	
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	Winter Haven, Fl. 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SATERBO, JOHN M		6.2 NAME	Donald Butler	
STREET ADDRESS	2913 PLANTATION RD		6.3 STREET ADDRESS	15 Meadowlake Ct.	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Winter Haven, Fl. 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I also 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98

Date

(941) 324-6666

Daytime Phone #

0416009

CR2E034 (10/97)