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Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 426764 (7)
1. Corporation Name
LAKE COMO CLUB, INC.



Principal Place of Business: 20500 COT RD. LUTZ FL 33549
Mailing Address: 20500 COT RD. LUTZ FL 33549-5100

3. Date Incorporated or Qualified: 05/25/1973
3a. Date of Last Report: 05/30/1996
4. FEI Number: 59-1460039
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 720 South Orange Avenue
2a. Mailing Address: 26 720 South Orange Avenue
22 Suite, Apt. #, etc.
23 City & State: Sarasota, Florida
24 Zip: 34236 25 Country: USA
27 Suite, Apt. #, etc.
28 City & State: Sarasota, Florida
29 Zip: 34236 30 Country: USA

9. Name and Address of Current Registered Agent
COTTERILL, RONALD EDWARD
20500 COT RD.
LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name: David M. Silberstein
82 Street Address (P.O. Box Number is Not Acceptable): 720 South Orange Avenue
83
84 City: Sarasota FL 85 Zip Code: 34236

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: *David M. Silberstein* David M. Silberstein 1/27/97
Signature must be in the name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: PVST DELETE
1.2 NAME: COTTERILL, RONALD E
1.3 STREET ADDRESS: 20500 COT RD.
1.4 CITY-ST-ZIP: LUTZ FL 33549
2.1 TITLE: D DELETE
2.2 NAME: COTTERILL, RONALD E
2.3 STREET ADDRESS: 20500 COT RD.
2.4 CITY-ST-ZIP: LUTZ FL 33549
3.1 TITLE: DELETE
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: DELETE
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: DELETE
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: DELETE
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P/S/T/D Change Addition
1.2 NAME: Kathleen A. Cotterill
1.3 STREET ADDRESS: 20500 Cot Road
1.4 CITY-ST-ZIP: Lutz, Florida 33549 Change Addition
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 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 my attachment with an address.

SIGNATURE: *Kathleen A. Cotterill* 1/27/97 (813) 949-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)