

FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # 706268 (0)
1. Corporation Name
LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 1510 HIGH RIDGE RD LAKE WORTH FL 33461 US	Mailing Address P O BOX 6014 LAKE WORTH FL 33466 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/09/1963	4. FEI Number 05-9619746 ✓	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent ALSMeyer, RALPH 1415 TAHOE COURT LAKE WORTH FL 33461
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD BORDEN, JIM <input checked="" type="checkbox"/> DELETE 1413 TOHOE CT. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARLOWE, STEVEN <input type="checkbox"/> DELETE 1414 LAKE BASS LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALSMEYER, RALPH <input type="checkbox"/> DELETE 1415 TAHOE CT. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINTER, CHRISTINE <input type="checkbox"/> DELETE 1616 CREST DR. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAULE, DON <input type="checkbox"/> DELETE 1412 ONTARIO DR LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STECKI, PEGGY <input type="checkbox"/> DELETE 1324 ONTARIO DR LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Don Maule 1412 Ontario Dr Lake Worth, FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Signature Required *[Signature]* Date: 4/2/98

CR2E037 (10/97)