


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90140 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706268					
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		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/09/1963	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 05-9619746	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent ALMEYER, RALPH 1415 TAHOE COURT LAKE WORTH FL 33461				10. Name and Address of New Registered Agent			
				81 Name TAMARA FISH			
				82 Street Address (P.O. Box Number is Not Acceptable) 1438 CREST DRIVE			
				83 K			
				84 City LAKE WORTH FL 85 Zip Code 33461			

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 *Tamara Fish - Secretary* DATE *1/18/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE CD <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MARLOWE, STEVEN				1.2 NAME			
STREET ADDRESS 1414 LAKE BASS				1.3 STREET ADDRESS			
CITY-ST-ZIP LAKE WORTH FL				1.4 CITY-ST-ZIP			
TITLE TD <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ALMEYER, RALPH				2.2 NAME MARY HOLT			
STREET ADDRESS 1415 TAHOE CT.				2.3 STREET ADDRESS 5892 LAKE OSBORNE DR.			
CITY-ST-ZIP LAKE WORTH FL				2.4 CITY-ST-ZIP LAKE WORTH FL 33461			
TITLE VD <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WINTER, CHRISTINE				3.2 NAME JAN PETERSON			
STREET ADDRESS 1616 CREST DR.				3.3 STREET ADDRESS 1609 NANEHE CT.			
CITY-ST-ZIP LAKE WORTH FL				3.4 CITY-ST-ZIP LAKE WORTH, FL 33461			
TITLE PD <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MAULE, DON				4.2 NAME			
STREET ADDRESS 1412 ONTARIO DRIVE				4.3 STREET ADDRESS			
CITY-ST-ZIP LAKE WORTH FL				4.4 CITY-ST-ZIP			
TITLE S <input checked="" type="checkbox"/> DELETE				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STECKI, PEGGY				5.2 NAME TAMARA FISH			
STREET ADDRESS 1324 ONTARIO DR				5.3 STREET ADDRESS 1438 CREST DR.			
CITY-ST-ZIP LAKE WORTH FL				5.4 CITY-ST-ZIP LAKE WORTH FL 33461			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* DATE *1/10/99* (561) 477-3524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)