

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718204 (1)

1. Corporation Name
LAKE COMO WATER ASSOCIATION, INC.

Principal Place of Business Mailing Address
PALMER STREET PALMER STREET
P.O. BOX 102 P.O. BOX 102
LAKE COMO FL 32157-0102 LAKE COMO FL 32157-0102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1970	3a. Date of Last Report 03/29/1994
4. FEI Number 59-1399304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
EYKE, CLINT
YARDLEY AVE
LAKE COMO, FL
32057

10. Name and Address of New Registered Agent
81 Name **Mike James**
82 Street Address (P.O. Box Number is Not Acceptable)
2331 Hwy 17 South Crescent City, Fla
83
84 City **Crescent City** FL 85 Zip Code **32112**

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 Michael L. James DATE **4-17-95**
Signature, typed or printed name of registered agent (not file if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	FLORIO, ANGELO C
STREET ADDRESS	CORNER LAKE & LEE ST
CITY-ST-ZIP	LAKE COMO, FL 00000
TITLE	STD
NAME	THUNEN, D.J.
STREET ADDRESS	GAY WHITE WAY
CITY-ST-ZIP	LAKE COMO, FL 00000
TITLE	PD
NAME	BERTHAUME, JOSEPH
STREET ADDRESS	CHEROKEE ROAD
CITY-ST-ZIP	LAKE COMO, FL 00000
TITLE	D
NAME	EYKE, CLINT
STREET ADDRESS	YARDLEY AVE
CITY-ST-ZIP	LAKE COMO, FL 00000
TITLE	D
NAME	SMITH, JAMES D.
STREET ADDRESS	LAKE STREET
CITY-ST-ZIP	LAKE COMO FL
TITLE	D
NAME	STACK, DANNY
STREET ADDRESS	EUCLID AVENUE
CITY-ST-ZIP	LAKE COMO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TREAT, ROBERT
23 STREET ADDRESS	PRIOR ST.
24 CITY-ST-ZIP	LAKE COMO, FL 32157
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GREER, VERNON
43 STREET ADDRESS	OLD 17
44 CITY-ST-ZIP	LAKE COMO, FL 32157
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	STD
63 STREET ADDRESS	SAME AS 12
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danny B. Stack DATE: **4-17-95** OFFICE PHONE: **649-0903**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Office Phone