

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718204 (1)
1. Corporation Name
LAKE COMO WATER ASSOCIATION, INC.



Principal Place of Business PALMER STREET P.O. BOX 102 LAKE COMO FL 32157-0102	Mailing Address PALMER STREET P.O. BOX 102 LAKE COMO FL 32157-0102
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3. Date Incorporated or Qualified 03/17/1970	3a. Date of Last Report 03/15/1996
4. FEI Number 59-1399304	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MIKE JAMES
2331 HWY 17 SOUTH
CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent
81 Name **VERNON C. GREER**
82 Street Address (P.O. Box Number is Not Acceptable)
210 OLD HWY 17
83
84 City **LAKE COMO FL** 85 Zip Code **32157**

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: Vernon C. Greer DATE: 4/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLORIO, ANGELO C	
STREET ADDRESS	CORNER LAKE & LEE ST	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TREAT, ROBERT	
STREET ADDRESS	PRIOR STREET	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERTHIAUME, JOSEPH	
STREET ADDRESS	CHEROKEE ROAD	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREER, VERNON	
STREET ADDRESS	OLD 17	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAMES D.	
STREET ADDRESS	LAKE STREET	
CITY-ST-ZIP	LAKE COMO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STACK, DANNY	
STREET ADDRESS	EUCLID AVENUE	
CITY-ST-ZIP	LAKE COMO, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLORIO, ANGELO C.	
1.3 STREET ADDRESS	CORNER PRIOR ST.	
1.4 CITY-ST-ZIP	LAKE COMO, FL 32157	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREER, VERNON C.	
2.3 STREET ADDRESS	210 OLD HWY 17	
2.4 CITY-ST-ZIP	LAKE COMO, FL 32157	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TAYLOR, RUTH	
3.3 STREET ADDRESS	TAYLORFURY RD.	
3.4 CITY-ST-ZIP	LAKE COMO, FL 32157	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRACH, GEORGE	
4.3 STREET ADDRESS	EUCLID ST.	
4.4 CITY-ST-ZIP	LAKE COMO, FL 32157	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: DANNY B. STACK DATE: 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)