


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>PALMER STREET                  P.O. BOX 102                  LAKE COMO FL 32157-0102</b>	Mailing Address <b>PALMER STREET                  P.O. BOX 102                  LAKE COMO FL 32157-0102</b>
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3. Date Incorporated or Qualified <b>03/17/1970</b>	
4. FEI Number <b>59-1399304</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GREER, VERNON C  
 210 OLD HWY 17  
 LAKE COMO FL 32157**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *Vernon C Greer*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIO, ANGELO C	1.2 NAME	<del>PD FLORIO, ANGELO C</del>
STREET ADDRESS	CORNER PRIOR ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, VERNON C	2.2 NAME	PD GREER, VERNON C
STREET ADDRESS	210 OLD HWY 17	2.3 STREET ADDRESS	210 OLD HWY 17
CITY-ST-ZIP	LAKE COMO, FL 00000	2.4 CITY-ST-ZIP	LAKE COMO FL. 32157
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH	3.2 NAME	
STREET ADDRESS	TAYLOR FORY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACH, GEOGRE	4.2 NAME	VD EDENFIELD, WILL.
STREET ADDRESS	EUCCID ST.	4.3 STREET ADDRESS	YARDLEY AVE
CITY-ST-ZIP	LAKE COMO, FL 00000	4.4 CITY-ST-ZIP	LAKE COMO FL. 32157
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, DANNY	5.2 NAME	
STREET ADDRESS	EUCLID AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D FLORIO, ANGELO C
STREET ADDRESS		6.3 STREET ADDRESS	CORNER PRIOR ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE COMO FL. 32157

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: *DANNY B. STACK* *Danny B Stack 4-22-98*

CR2E037 (10/97)