


FILE NOW: FILING FEE IS \$61.25

FILED
May 07 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 # 724501 (2)
1. Corporation Name
LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business RT. 1, BOX 1245 OKLAWAHA FL 32179-9730	Mailing Address RT. 1, BOX 1245 OKLAWAHA FL 32179-9625
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1972	3a. Date of Last Report 03/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROTHSTEIN, PAUL S. 11 NORTH MAGNOLIA AVE. OCALA FL 32670				10. Name and Address of New Registered Agent				
				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				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 _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, MAC	1.2 NAME	
STREET ADDRESS	17440 SE 34TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSKY, LINDA	2.2 NAME	
STREET ADDRESS	3585 SE 174TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSKY, LINDA	3.2 NAME	
STREET ADDRESS	3585 SE 174TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON, ERNIE	4.2 NAME	
STREET ADDRESS	3620 SE 174TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITWOOD, WILLIE	5.2 NAME	
STREET ADDRESS	3789 S E 174TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUPO, PETE	6.2 NAME	
STREET ADDRESS	17415 S E 34TH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL	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)(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: *Pete Crupo* Date: 4-22-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 0003848

CR2E037 (9/96)