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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724501

1. Corporation Name
LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
 RT. 1. BOX 1245 RT. 1. BOX 1245
 OKLAWAHA FL 32179-9730 OKLAWAHA FL 32179-9730



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/06/1972	
22. Suites, Apt. #, etc.		27. Suites, Apt. #, etc.		4. FEI Number	
				NOT APPLICABLE	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Zip		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROTHSTEIN, PAUL S. 11 NORTH MAGNOLIA AVE. OCALA FL 32670				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				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 checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUSKY, LINDA			2.2 NAME	Mrs. L. Monroe		
STREET ADDRESS	3585 SE 174TH COURT			2.3 STREET ADDRESS	3664 SE 173rd Ter		
CITY-ST-ZIP	OKLAWAHA FL			2.4 CITY-ST-ZIP	Oklawaha FL 32179		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUSKY, LINDA			3.2 NAME	Violan L. Urig		
STREET ADDRESS	3585 SE 174TH CT			3.3 STREET ADDRESS	3511 SE 174th Ct		
CITY-ST-ZIP	OKLAWAHA FL			3.4 CITY-ST-ZIP	Oklawaha FL 32179		
TITLE	C	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENDLETON, ERNIE			4.2 NAME	Ernie Pendleton		
STREET ADDRESS	3620 SE 174TH COURT			4.3 STREET ADDRESS	3620 SE 174th Ct		
CITY-ST-ZIP	OKLAWAHA FL			4.4 CITY-ST-ZIP	Oklawaha FL 32179		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHITWOOD, WILLIE			5.2 NAME	James V. Gardner		
STREET ADDRESS	3789 S E 174TH CT			5.3 STREET ADDRESS	17855 SE 51st Street		
CITY-ST-ZIP	OKLAWAHA FL			5.4 CITY-ST-ZIP	Oklawaha FL 32179		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	Chairman	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUPO, PETE			6.2 NAME	Edward Urig		
STREET ADDRESS	17415 S E 34TH LANE			6.3 STREET ADDRESS	3511 SE 174th Ct		
CITY-ST-ZIP	OKLAWAHA FL			6.4 CITY-ST-ZIP	Oklawaha FL 32179		

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 817, 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: _____ DATE: 1-6-99 DAYTIME PHONE: 352-625-6278

CR2E037 (1/98)