

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90008 023 \*\*\*\*61.25

DOCUMENT # 727040

Corporation Name

LAKES AREA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business  
103 E. CROOKED LAKE DRIVE  
EUSTIS FL 32726

Mailing Address  
1503 E. CROOKED LAKE DRIVE  
EUSTIS FL 32726

614174-90008-23



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7362672	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TALLY, LOU 3900 LAKE CENTER DRIVE, STE A-4 MT DORA FL 32757				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

I, 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
1. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
LE	PD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ME	ERICKSON, ROBERT A	1.2 NAME					
REET ADDRESS	1503 E. CROOKED LAKE DR	1.3 STREET ADDRESS					
Y-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP					
LE	D	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ME	CONOVER, CHARLES	2.2 NAME					
REET ADDRESS	16943 OLD MT. DORA RD	2.3 STREET ADDRESS					
Y-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP					
LE	VPD	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ME	PATROWICZ, TULLY	3.2 NAME					
REET ADDRESS	1700 COUNTRY CLUB RD	3.3 STREET ADDRESS					
Y-ST-ZIP	EUSTIS FL 32726	3.4 CITY-ST-ZIP					
LE	SD	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ME	LEWIS, WALTER	4.2 NAME					
REET ADDRESS	1707 E CROOKED LAKE DR	4.3 STREET ADDRESS					
Y-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP					
LE	TD	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ME	GRAY, RUTH	5.2 NAME					
REET ADDRESS	33325 E LAKE JOHANNA	5.3 STREET ADDRESS					
Y-ST-ZIP	EUSTIS FL 32726	5.4 CITY-ST-ZIP					
LE	D	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ME	MUTTON, MARGERIE	6.2 NAME					
REET ADDRESS	2850 E. CROOKED LAKE DR	6.3 STREET ADDRESS					
Y-ST-ZIP	EUSTIS FL 32726	6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE: REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/99 (352) 352-8128  
Date Date-time Phone #

CR2E037 (5/99)

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