

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 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 # 730783 (8)
1. Corporation Name
SOUTH CRYSTAL LAKE IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business 218 CRYSTAL LAKE RD. LUTZ FL 33549 US	Mailing Address 721 CRYSTAL LAKE RD. LUTZ FL 33549-6435 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/25/1974		3a. Date of Last Report 03/27/1996	
		4. FEI Number 59-1893794		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					

9. Name and Address of Current Registered Agent BOUVIER, BRUCE 718 CRYSTAL LAKE RD. 714 CRYSTAL LAKE RD. LUTZ FL 33549				10. Name and Address of New Registered Agent 81 Name JOHN McCORMACK 82 Street Address (P.O. Box Number is Not Acceptable) 721 CRYSTAL LAKE RD 83 84 City LUTZ FL 85 Zip Code 33549			
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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 John McCormack DATE 4/24/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUVIER, BRUCE	1.2 NAME	McCORMACK, JOHN
STREET ADDRESS	718 CRYSTAL LAKE RD	1.3 STREET ADDRESS	721 CRYSTAL LAKE RD., LUTZ, FL
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	MOORE, JACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMACK, JOHN	2.2 NAME	17913 CROOKED LN.
STREET ADDRESS	721 CRYSTAL LAKE ROAD	2.3 STREET ADDRESS	LUTZ, FL. 33549
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CONRAD, ANN	3.2 NAME	
STREET ADDRESS	17915 PEPPERTREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HUGHES, JACKIE	4.2 NAME	
STREET ADDRESS	17901 PEPPERTREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DELANEY, LANCE	5.2 NAME	
STREET ADDRESS	17909 PEPPERTREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BUSHKIE, DONALD	6.2 NAME	
STREET ADDRESS	713 CRYSTAL LK RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ 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: Ann Conrad **4-12-97** **813-9441015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone # **0045936**

CR2E037 (9/96)