FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

734346

(0)

LAKE MARY COMMUNITY IMPROVEMENT ASSOCIATION, INC.

		TEMPER 75000 MITORY	1110			
Principal Place of Business		Mailing Address				0) 010 010 010 010 010 010 010
260 NO COUNTRY CLUB RD PO BOX 950622 LAKE MARY FL 32795-0622		260 NO COUNTRY CLUB RD PO BOX 950622 LAKE MARY FL 32795-0622	1		9 Day Instrumental Opening	To Day The Day
US		U\$			3. Date Incorporated or Qualified 11/17/1975	3a. Date of Last Report 10/18/1996
 `	lace of Business	2a. Mailing Address	-		4. FEI Number 59-1639544	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			35 1035344	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	9. Name and Address of Currel	29 30 nt Registered Agent	0]		Florida Statutes L 10. Name and Address of New Re	Yes No
			81 N	ame BR		OE
LOE, BR	IAN R		82 _5:	reet Addres	ss (P.O. Box Number is Not Acceptat	
3070 W. LAKE MARY DLVD.				073	W. LAKE MAK	ey BLUD.#136
LAKE MARY FL 32748			. 83			
	•		84 Ci	ity au	& MARY	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes	, the above-na	med corpo	ration submits this statement for the r	nurnose of changing its registered
office or r agent. I a	egistered agent, or both, in the State m familiar with the accept the ob	of Florida Such change was aut	thorized by the	eorporation	n's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	ZSwo X		AN K	LOG	F //	27/97
	Signature, typed or printed name of registered ag	ont and little if applicable (NOTE: R	legistered Agent sig	gnature required		DATE
12. TITLE	PD OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 T/TLE		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	SAWYER, SHEILA		1.2 NAME			E onungo E Nounon
STREET ADDRESS	291 EVANSDALE RD.		1.3 STREET ADDI	RESS		
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIF			
TITLE	S	DELETE	2.1 TITLE	51	D	Change Addition
NAME	JACKSON, LOIS		2.2 NAME		oug FORNER	
STREET ADDRESS	276 BROADMOOR DR		23 STREET ADD			
CITY-ST-ZIP	LK MARY, FL 0		2 4 CHY-S1-ZI	PLA	KE MARY, FL	32.744
TITLE	VD	☐ DELETE	3 1, TITLE			☐ Change ☐ Addition
NAME	FEDDERSEN, VERN		3.2 NAME			
STREET ADDRESS	270 LAKESHORE DR LK MARY, FL 0		3.3 STREET ADD			
CITY-ST-ZIP TITLE	VD VD	☐ DELETE	3.4 CITY - ST - ZI 4.1 TITLE	<u>r</u>		Change Addition
NAME	HAWKINSON, MARY E		4. 2 NAME	1		
STREET ADDRESS	505 STEPHANIE CT		4.3 STREET ADD	RESS		
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY - \$1 - ZIF	I		
TITLE	T	☐ DELETE	5.1;TITLE	7	"D	Change Addition
NAME	FESS, DICK		5.2 NAME			
STREET ADDRESS	142 WAGON WHEEL WAY		5.3 STREET ADD	RESS		
CITY-ST-ZIP	LAKE MARY FL		5.4 CITY-ST-ZIF	2		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	- 1		
STREET ADDRESS			6.3 STREET ADD	RESS		

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 applied report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the derporation or the repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Bld. k 13), changed, or on an at accuracy with an address.

OLONIATURE

had (Dak) A Fore 1/27/82 407-645-10

FILED

May 20 1997 8:00am

Secretary of State