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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734346 (0)

1. Corporation Name
LAKE MARY COMMUNITY IMPROVEMENT ASSOCIATION, INC



Principal Place of Business 280 NO COUNTRY CLUB RD PO BOX 950622 LAKE MARY FL 32795-0622 US	Mailing Address 260 NO COUNTRY CLUB RD PO BOX 950622 LAKE MARY FL 32795-0622 US
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3. Date Incorporated or Qualified
11/17/1975

4. FEI Number
59-1639544

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LOE, BRIAN R
 3074 W LAKE MARY BLVD
 #136
 LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, SHEILA	1.2 NAME	
STREET ADDRESS	291 EVANSDALE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNER, DOUG	2.2 NAME	
STREET ADDRESS	101 CHANNEL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LK MARY, FL 0	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDDERSEN, VERN	3.2 NAME	
STREET ADDRESS	270 LAKESHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LK MARY, FL 0	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	BD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINSON, MARY E	4.2 NAME	
STREET ADDRESS	505 STEPHANIE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESS, DICK	5.2 NAME	ROKSTEIN, RICHARD
STREET ADDRESS	142 WAGON WHEEL WAY	5.3 STREET ADDRESS	193 FEATHERS EDGE LOOP
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORE, BETTE	6.2 NAME	JORE, BETTE
STREET ADDRESS	589 S. COUNTRY CLUB DR	6.3 STREET ADDRESS	589 S. COUNTRY CLUB DR.
CITY-ST-ZIP	LAKE MARY, FL 32746	6.4 CITY-ST-ZIP	LAKE MARY, FL 32746

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dick Fess** 1/18/95 107-145-1400

CP2E037 (10/97)