

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735150 (5)

1. Corporation Name

LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ROUTE 1, BOX 3105  
HAVANA FL 32333

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HAVANA FL 32333

3. Date Incorporated or Qualified  
03/04/1976

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2951570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, JIM  
ROUTE 1 BOX 3143  
HAVANA FL 32333

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICHARD E.	
STREET ADDRESS	ROUTE 1, BOX 3155	
CITY - ST - ZIP	HAVANA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	IBLE, CONRAD	
STREET ADDRESS	RR 2, BOX 4675	
CITY - ST - ZIP	CRAWFORDVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ZUGG, VICTOR L.	
STREET ADDRESS	ROUTE 1, BOX 3142	
CITY - ST - ZIP	HAVANA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, CAROLANN	
STREET ADDRESS	1916 SAGEWAY DR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, CHARLES K	
STREET ADDRESS	RT 1 BOX 3112-C	
CITY - ST - ZIP	HAVANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARMICHAEL, GLEN	
STREET ADDRESS	ROUTE 1, BOX 3304	
CITY - ST - ZIP	TALLAHASSEE FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John H. Yerkes	
1.3 STREET ADDRESS	ROUTE 1, BOX 3154	
1.4 CITY - ST - ZIP	HAVANA, FL. 32333	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DEBORAH MORNINGSTAR	
2.3 STREET ADDRESS	Route 1, Box 3145	
2.4 CITY - ST - ZIP	HAVANA, FL. 32333	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Sharpton	
3.3 STREET ADDRESS	Route 1, Box 3382	
3.4 CITY - ST - ZIP	HAVANA, FL. 32333	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*John H. Yerkes*

March 26, 1996

904-539-1372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. YERKES

Date

Daytime Phone #

CR2E037 (12/95)