

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 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 # 735150 (5)
1. Corporation Name
LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business ROUTE 1, BOX 3105 HAVANA FL 32333	Mailing Address ROUTE 1, BOX 3105 HAVANA FL 32333-9732
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1976	3a. Date of Last Report 03/29/1996
21	26	4. FEI Number 59-2951570		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RICHARD E.	1.2 NAME	HARTSFIELD, Buddy
STREET ADDRESS	ROUTE 1, BOX 3155	1.3 STREET ADDRESS	Rt. 1 Box 3150
CITY-ST-ZIP	HAVANA FL	1.4 CITY-ST-ZIP	HAVANA, FL. 32333
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YERKES, JOHN H	2.2 NAME	Burch, JAMES
STREET ADDRESS	RT 1 BOX 3134	2.3 STREET ADDRESS	Rt. 1 Box 3327-D
CITY-ST-ZIP	HAVANA FL	2.4 CITY-ST-ZIP	HAYANA, FL. 32333
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORNINGSTAR, DEBORAH	3.2 NAME	MORNINGSTAR, Deborah
STREET ADDRESS	RT 1 BOX 3145	3.3 STREET ADDRESS	Rt. 1 Box 3145
CITY-ST-ZIP	HAVANA FL	3.4 CITY-ST-ZIP	HAVANA, FL. 32333
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPTON, ELIZABETH	4.2 NAME	CECI, MICHELE
STREET ADDRESS	RT 1 BOX 3332	4.3 STREET ADDRESS	Rt. 1 Box 3132
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	HAVANA, FL. 32333
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMICHAEL, GLEN	5.2 NAME	JAMES, BILL
STREET ADDRESS	ROUTE 1, BOX 3304	5.3 STREET ADDRESS	219 N. BETLINGT DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	QUINCY, FL. 32351
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 on an attachment with an address.

SIGNATURE: *[Signature]* 3/18/97 (904) 539-1372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)