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 Apr 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 03/04/1976
 4. FEI Number: 59-2951570
 Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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
 COOPER, JIM
 ROUTE 1 BOX 3143
 HAVANA FL 32333

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARTSFIELD, BUDDY	
STREET ADDRESS	RT. 1, BOX 3150	
CITY-ST-ZIP	HAVANA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YERKES, JOHN H	
STREET ADDRESS	RT 1 BOX 3134	
CITY-ST-ZIP	HAVANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORNINGSTAR, DEBORAH	
STREET ADDRESS	RT 1 BOX 3145	
CITY-ST-ZIP	HAVANA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CECI, MICHELE	
STREET ADDRESS	RT. 1, BOX 3132	
CITY-ST-ZIP	HAVANA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, BILL	
STREET ADDRESS	219 N. BETLINGT DRIVE	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLANTON, Chantal	
1.3 STREET ADDRESS	RT. 1, BOX 3112-C	
1.4 CITY-ST-ZIP	HAVANA, FL. 32333	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alderson, JEANNE	
2.3 STREET ADDRESS	RT. 1 BOX 3117	
2.4 CITY-ST-ZIP	HAVANA, FL. 32333	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORNING, DEBORAH	
3.3 STREET ADDRESS	RT. 1, BOX 3145	
3.4 CITY-ST-ZIP	HAVANA, FL. 32333	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CECI, MICHELE	
4.3 STREET ADDRESS	RT. 1, BOX 3132	
4.4 CITY-ST-ZIP	HAVANA, FL 32333	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BURCH, JAMES	
5.3 STREET ADDRESS	RT. 1 BOX 3327-D	
5.4 CITY-ST-ZIP	HAVANA, FL. 32333	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	YERKES, JOHN H.	
6.3 STREET ADDRESS	RT 1 BOX 3134	
6.4 CITY-ST-ZIP	HAVANA, FL 32333	

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: *John H. Yerkes* 3/30/98 539-1372

CR2E037 (10/97)