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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735150

1. Corporation Name

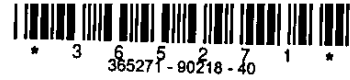
LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

ROUTE 1, BOX 3105
 HAVANA FL 32333

Mailing Address

ROUTE 1, BOX 3105
 HAVANA FL 32333



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/04/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2951570

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24 Zip Country

29 Zip Country

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
CECI, MICHELE

82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 1 Box 3132

84 City
HAVANA

85 Zip Code
FL 32333

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]*

DATE **4/14/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** DELETE
 NAME **BLANTON, CHANTAL**
 STREET ADDRESS **RT 1 BOX 3112-C**
 CITY-ST-ZIP **HAVANA FL 32333**

1.1 TITLE **D** Change Addition
 1.2 NAME **AARON McNeese**
 1.3 STREET ADDRESS **Rt. 1 Box 3317**
 1.4 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE **PD** DELETE
 NAME **YERKES, JOHN H**
 STREET ADDRESS **RT 1 BOX 3134**
 CITY-ST-ZIP **HAVANA FL 32333**

2.1 TITLE **SD** Change Addition
 2.2 NAME **LARISSA O'CONNORS**
 2.3 STREET ADDRESS **353 CHRISTIAN LOOP**
 2.4 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE **SD** DELETE
 NAME **MORNING, DEBORAH**
 STREET ADDRESS **RT 1 BOX 3145**
 CITY-ST-ZIP **HAVANA FL 32333**

3.1 TITLE **D** Change Addition
 3.2 NAME **MORNINGSTAR, DEBORAH**
 3.3 STREET ADDRESS **Rt. 1 Box 3145**
 3.4 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE **D** DELETE
 NAME **CECI, MICHELE**
 STREET ADDRESS **RT 1 BOX 3132**
 CITY-ST-ZIP **HAVANA FL 32333**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **BURCH, JAMES**
 STREET ADDRESS **RT 1 BOX 3327-D**
 CITY-ST-ZIP **HAVANA FL 32333**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **ALDERSON, JEANNE**
 STREET ADDRESS **RT 1 BOX 3117**
 CITY-ST-ZIP **HAVANA FL 32333**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

DATE **April 12 '99** Daytime Phone # **539-1372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)