

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 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 # **738131** (2)

1. Corporation Name

TEN LAKE ESTATES WATER SYSTEMS, INC.



Principal Place of Business 574 PINEWOOD DR DEFUNIAK SPRINGS FL 32433 US	Mailing Address 574 PINEWOOD DR DEFUNIAK SPRINGS FL 32433 US	3. Date Incorporated or Qualified 02/18/1977	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <u>1031 PINEWOOD DR.</u> 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <u>1031 PINEWOOD DR.</u> 28 City & State 29 Zip 30 Country	4. FEI Number 59-2402345	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARKE, DOUGLAS D 574 PINEWOOD DR RT 3 31A DEFUNIAK SPRINGS FL 32433	10. Name and Address of New Registered Agent 81 Name <u>BENNIE L. ARNOLD</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1031 PINEWOOD DR.</u> 83 84 City <u>DEFUNIAK SPRINGS</u> FL 85 Zip Code <u>32433</u>
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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 BENNIE L. ARNOLD Bennie L. Arnold DATE 2/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<u>P/DIT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, BENNIE	1.2 NAME	
STREET ADDRESS	TEN LAKE ESTATES	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, JIM	2.2 NAME	
STREET ADDRESS	TEN LAKES ESTATES	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARKE, DOUGLAS D	3.2 NAME	
STREET ADDRESS	574 PINEWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, PAT	4.2 NAME	
STREET ADDRESS	TEN LAKES ESTATES	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZILVASY, JOYCE	5.2 NAME	
STREET ADDRESS	TEN LAKES ESTATES	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	
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)(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 Bennie L. Arnold BENNIE L. ARNOLD 2/5/97 574 PINEWOOD DR DEFUNIAK SPRINGS FL 32433

C 2E037 (9/96)