

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 # 741848 (6)

1. Corporation Name
LOCH LOMOND CLUB SOUTH HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business
**3001 NW 4TH TERRACE #146
POMPANO BEACH FL 33064**

Mailing Address
**3001 NW 4TH TERRACE #146
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified
03/01/1978

3a. Date of Last Report
09/27/1995

4. FEI Number
59-1921551

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

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

9. Name and Address of Current Registered Agent
**MCCARTNEY, LYNN
3001 NW 4TH TERRACE #146
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERTRAM, JAMES	
STREET ADDRESS	3001 NW 4TH TERR. #163	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOUCK, GLADYS	
STREET ADDRESS	3000 NW 5TH. TERR #137	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	KENNY, EILEEN	
STREET ADDRESS	3001 NW 4TH. TERR. #143	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCARTNEY, LYNN	
STREET ADDRESS	3001 NW 4TH TERR #146	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAPP, LARRY	
STREET ADDRESS	3005 NW 5TH TERR #4	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, FRANCIS	
STREET ADDRESS	3005 NW 5TH TERR. #3	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Gladys E. Houck* **President** 3-13-96 782-5904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)