


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # 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 33064-3162
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2. Principal Place of Business 21 8457 W. Oakland Park Blvd.	2a. Mailing Address 26 P.O. Box 451418
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sunrise, FL	City & State 28 Sunrise, FL
Zip 24 33351	Country 25 USA
Zip 29 33345-1418	Country 30 USA

3. Date Incorporated or Qualified 03/01/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1921551	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 type="checkbox"/> No	

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
Barbara E. Waters, Diversified Management

82 Street Address (P.O. Box Number is Not Acceptable)
8457 W. Oakland Park Blvd.

83

84 City
Sunrise, FL

85 Zip Code
33351

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 *Barbara E. Waters* (Property Manager) **Barbara E. Waters (954) 572-1880**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOUCK, GLADYS		1.2 NAME	
STREET ADDRESS 3000 NW 5TH. TERR #137		1.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> DELETE	2.1 TITLE D/S/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNY, EILEEN		2.2 NAME	
STREET ADDRESS 3001 NW 4TH. TERR. #143		2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARTNEY, LYNN		3.2 NAME	
STREET ADDRESS 3001 NW 4TH TERR #146		3.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAPP, LARRY		4.2 NAME	
STREET ADDRESS 3005 NW 5TH TERR #4		4.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEWART, FRANCIS		5.2 NAME	
STREET ADDRESS 3005 NW 5TH TERR. #3		5.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH 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: *Sandra B. Mortham* **3/20/97** **(954) 572-1880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021985

CR2E037 (9/96)