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May 15 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 # 743292 (5)  
1. Corporation Name  
LAKE ARROWHEAD CONDOMINIUM OWNERS ASSOCIATION, I NC.



Principal Place of Business: 2055 WOOD STREET, SUITE 202, PO BOX 6165, SARASOTA FL 34237  
Mailing Address: 2055 WOOD STREET, SUITE 202, PO BOX 6165, SARASOTA FL 34237

3. Date Incorporated or Qualified: 06/16/1978  
4. FEI Number: 59-1786652  
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

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: PROPERTY & ACCOUNTING MANAGEMENT, INC., 2055 WOOD STREET, SUITE 202, SARASOTA FL 34237

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD MCAHON, JOHN	1.1 TITLE	
STREET ADDRESS	5214 LAKE ARROWHEAD TR	1.2 NAME	
CITY-ST-ZIP	SARASOTA FL	1.3 STREET ADDRESS	
TITLE	VD PATRICIA GARRETT	1.4 CITY-ST-ZIP	
STREET ADDRESS	5312 LAKE ARROWHEAD TRAIL, 3A	2.1 TITLE	D
CITY-ST-ZIP	SARASOTA FL	2.2 NAME	Lang, Nancy
TITLE	PD SPICHER, EDGAR	2.3 STREET ADDRESS	5361 Lake Arrowhead Trail, 16
STREET ADDRESS	5322 LAKE ARROWHEAD TR	2.4 CITY-ST-ZIP	Sarasota, FL 34231
CITY-ST-ZIP	SARASOTA FL	3.1 TITLE	
TITLE	DT WILLIAMS, SYLVIA	3.2 NAME	
STREET ADDRESS	5349 LAKE ARROWHEAD TRL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D ROBERT EDWARDS	4.1 TITLE	
STREET ADDRESS	5397 LAKE ARROWHEAD TRAIL, 24A	4.2 NAME	
CITY-ST-ZIP	SARASOTA FL	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	DV
STREET ADDRESS		5.2 NAME	Edwards, Robert
CITY-ST-ZIP		5.3 STREET ADDRESS	5397 Lake Arrowhead Trail, 24A
		5.4 CITY-ST-ZIP	Sarasota, FL 34231
		6.1 TITLE	
		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.

SIGNATURE: *Sylvia C. Williams* DATE: 4/7/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SYLVIA C. WILLIAMS DATE: 4/7/98  
Daytime Phone # 0065417

CR2E037 (10/97)