

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757180 (5)
1. Corporation Name
LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 4 LAKE VILLA WAY, KISSIMMEE FL 34743-4531
Mailing Address: 4 LAKE VILLA WAY, KISSIMMEE FL 34743-4531

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number: 59-2187626	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DANNENFELSER, ELIZABETH 66 LAKE VILLA WAY KISSIMMEE FL 34743				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANNENFELSER, ELIZABETH			1.2 NAME	JOHN RUMPH PRES.		
STREET ADDRESS	66 LAKE VILLA WAY			1.3 STREET ADDRESS	41 LAKE VILLA WAY		
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-ST-ZIP	KISSIMMEE, FL.		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	JOE DONELAN V. PRES.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FROELICH, WILLIAM			2.2 NAME	44 LAKE VILLA WAY	<input checked="" type="checkbox"/>	
STREET ADDRESS	120 LAKE VILLA WAY			2.3 STREET ADDRESS	KISSIMMEE, FL.		
CITY-ST-ZIP	KISSIMMEE FL 34743			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	KAY JOHNSON SEC.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNARDO, BARBARA			3.2 NAME	75 LAKE VILLA WAY		
STREET ADDRESS	99 LAKE VILLA WAY			3.3 STREET ADDRESS	KISSIMMEE, FL.		
CITY-ST-ZIP	KISSIMMEE FL			3.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	BETTY DANNENFELSER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODADO, RONALD			4.2 NAME	66 LAKE VILLA WAY		
STREET ADDRESS	109 LAKE VILLA WAY			4.3 STREET ADDRESS	KISSIMMEE, FL.		
CITY-ST-ZIP	KISSIMMEE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	LOUIS HURLEY DIR.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONELAN, JOSEPH			5.2 NAME	79 LAKE VILLA WAY		
STREET ADDRESS	44 LAKE VILLA WAY			5.3 STREET ADDRESS	KISSIMMEE, FL.		
CITY-ST-ZIP	KISSIMMEE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	SAL TESTA DIR.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TESTA, SAL			6.2 NAME	28 LAKE VILLA WAY		
STREET ADDRESS	28 LAKE VILLA WAY			6.3 STREET ADDRESS	KISSIMMEE, FL.		
CITY-ST-ZIP	KISSIMMEE FL			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: *[Signature]* DATE: 4/22/96 DAYTIME PHONE # _____

CR2E037 (12/95)