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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
4 LAKE VILLA WAY KISSIMMEE FL 34743-4531
4 LAKE VILLA WAY KISSIMMEE FL 34743-4531



3. Date Incorporated or Qualified 05/06/1981
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 59-2187626 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
DANNENEFELSER, ELIZABETH
66 LAKE VILLA WAY
KISSIMMEE FL 34743

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUMPH, JOHN	
STREET ADDRESS	41 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONELAN JOE	
STREET ADDRESS	44 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, KAY	
STREET ADDRESS	75 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DANNENFLESER, BETTY	
STREET ADDRESS	66 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONELAN, JOSEPH	
STREET ADDRESS	44 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TESTA, SAL	
STREET ADDRESS	28 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S DONNA DeFAZIO
3.3 STREET ADDRESS	90 LAKE VILLA WAY
3.4 CITY-ST-ZIP	KISSIMMEE FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR HURLEY, LOUIS
5.3 STREET ADDRESS	79 LAKE VILLA WAY
5.4 CITY-ST-ZIP	KISSIMMEE, FL.
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED 2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000018

CR2E037 (9/96)