

**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 # 759855 (0)

1. Corporation Name

FOUR LAKES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RT. 4, BOX 474  
P.O. BOX 145  
HAWTHORNE FL 32640

RT. 4, BOX 474  
P.O. BOX 145  
HAWTHORNE FL 32640

3. Date Incorporated or Qualified: 09/01/1981  
3a. Date of Last Report: 07/07/1995

|    |                                |    |                     |    |  |  |
|----|--------------------------------|----|---------------------|----|--|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address     | 4. | FEI Number   | Applied For  |
|    | Suite, Apt. #, etc.            | 26 | Suite, Apt. #, etc. |    | 59-1967842   | Not Applicable   |
| 22 | City & State                   | 27 | City & State        | 5. | Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| 23 | Zip                            | 28 | Zip                 | 6. | Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                              |
| 24 | Country                        | 29 | Country             | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes <input type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, PATTI, F  
206 ALBERT STREET *Little Orange Lake Drive*  
POST OFFICE BOX 1814  
HAWTHORNE FL 32640

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 officer 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

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<br>FUNSTON, DON <input type="checkbox"/> DELETE                                     | 11 TITLE  | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | FUNSTON, DON  | 12 NAME   | Arlene Heering  |
| STREET ADDRESS             | RT 4 BOX 476 B  | 13 STREET ADDRESS                                     | RT. 4 BOX 472   |
| CITY-ST-ZIP                | HAWTHORNE FL  | 14 CITY-ST-ZIP  | Hawthorne FL 32640  |
| TITLE                      | S<br>STRICKLAND, PATTI <input type="checkbox"/> DELETE                                | 21 TITLE  |   |
| NAME                       | STRICKLAND, PATTI   | 22 NAME   |   |
| STREET ADDRESS             | 206 ALBERT STREET PO BOX 1814   | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | HAWTHORNE FL  | 24 CITY-ST-ZIP  |   |
| TITLE                      | T<br>DRAKE, BETTY <input checked="" type="checkbox"/> DELETE                          | 31 TITLE  | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | DRAKE, BETTY  | 32 NAME   | Nancy Burgin  |
| STREET ADDRESS             | PO BOX 1923   | 33 STREET ADDRESS                                     | 186 Little Orange Lake Dr.  |
| CITY-ST-ZIP                | HAWTHORNE FL  | 34 CITY-ST-ZIP  | Hawthorne FL 32640  |
| TITLE                      | D<br>BURGIN, AL <input type="checkbox"/> DELETE                                       | 41 TITLE  |   |
| NAME                       | BURGIN, AL  | 42 NAME   |   |
| STREET ADDRESS             | 186 ALBERT ST <i>Little Orange Lake Drive</i>   | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | HAWTHORNE FL 32640  | 44 CITY-ST-ZIP  |   |
| TITLE                      | D<br>CAMPANECO, ANDY <input checked="" type="checkbox"/> DELETE                       | 51 TITLE  |   |
| NAME                       | CAMPANECO, ANDY   | 52 NAME   |   |
| STREET ADDRESS             | ROUTE 4, BOX 415C   | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | HAWTHORNE FL  | 54 CITY-ST-ZIP  |   |
| TITLE                      | Director <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION | 61 TITLE  |   |
| NAME                       | MIKE Boyles   | 62 NAME   |   |
| STREET ADDRESS             | Little Orange Lake Drive  | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | Hawthorne, FL   | 64 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: *Patti Strickland* Patti Strickland 4-29-96 904-481-4173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)