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Mar 26 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 # 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 32640-0145

3. Date Incorporated or Qualified 09/01/1981
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Ste 4 Box 476 B
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country 25 29 30
2a. Mailing Address 26
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country 30

4. FEI Number 59-1967842 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
STRICKLAND, PATTI, F
206 LITTLE ORANGE LAKE DRIVE
POST OFFICE BOX 1814
HAWTHORNE FL 32640
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	FUNSTON, DON	1.2 NAME	Leon Couch
STREET ADDRESS	RT 4 BOX 476 B	1.3 STREET ADDRESS	Rte. 4, Box 437
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	Hawthorne, FL 32640
TITLE	S	2.1 TITLE	
NAME	STRICKLAND, PATTI	2.2 NAME	
STREET ADDRESS	206 ALBERT ST PO BOX 1814	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	ARLENE HERRING	3.2 NAME	
STREET ADDRESS	RT 4 BOX 472	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BURGIN, AL	4.2 NAME	
STREET ADDRESS	188 LITTLE ORANG LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	NANCY BURGIN	5.2 NAME	
STREET ADDRESS	188 LITTLE ORANGE LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MIKE BOYLES	6.2 NAME	
STREET ADDRESS	206 LITTLE ORANGE LAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	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: *Patti Strickland* Patti Strickland 3/8/97 352-481-4173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011552

CR2E037 (9/96)