

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32640-01453. Date Incorporated or Qualified
09/01/19813a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Ste 4 Box 476B

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1967842Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, PATTI, F
206 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

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

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
NAME FUNSTON, DON
STREET ADDRESS RT 4 BOX 476 B
CITY-ST-ZIP HAWTHORNE FL

DELETE

1.1 TITLE Director
1.2 NAME Leon Couch
1.3 STREET ADDRESS Rte. 4, Box 437
1.4 CITY-ST-ZIP Hawthorne, FL 32640

Change Addition

TITLE S
NAME STRICKLAND, PATTI
STREET ADDRESS 206 ALBERT ST PO BOX 1814
CITY-ST-ZIP HAWTHORNE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VP
NAME ARLENE HERRING
STREET ADDRESS RT 4 BOX 472
CITY-ST-ZIP HAWTHORNE FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BURGIN, AL
STREET ADDRESS 188 LITTLE ORANGE LAKE DRIVE
CITY-ST-ZIP HAWTHORNE FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME NANCY BURGIN
STREET ADDRESS 188 LITTLE ORANGE LAKE DR.
CITY-ST-ZIP HAWTHORNE FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME MIKE BOYLES
STREET ADDRESS 206 LITTLE ORANGE LAKE DRIVE
CITY-ST-ZIP HAWTHORNE FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

3/8/97

352-481-4173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011552

CR2E037 (9/96)