


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Bartham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766690 (2)
1. Corporation Name
LAKELAND YACHT AND COUNTRY CLUB, INC.

Principal Place of Business 929 LAKE HOLLINGSWORTH DR. LAKELAND FL 33803-3199	Mailing Address 929 LAKE HOLLINGSWORTH DR. LAKELAND FL 33803-3199
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3. Date Incorporated or Qualified
01/24/1983

4. FEI Number 59-0530324	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MARTIN, MICHAEL D.
400 FLORIDA FEDERAL BLDG
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	T <input type="checkbox"/> DELETE	1.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, MARK	1.2 NAME	Clements, Mark
STREET ADDRESS	504 EASTON DR	1.3 STREET ADDRESS	504 Easton Dr.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	RCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUZZANCA, FRANK	2.2 NAME	Buzzanca, Frank
STREET ADDRESS	4302 FOREST HILLS DR	2.3 STREET ADDRESS	4302 Forest Hills Dr.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, ROBERT	3.2 NAME	Newsome, Robert
STREET ADDRESS	911 SAGAMORE ST	3.3 STREET ADDRESS	911 Sagamore St.
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JOHN	4.2 NAME	Cannon, John
STREET ADDRESS	332 EUNICE AVE	4.3 STREET ADDRESS	332 Eunice Ave.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL
TITLE	RCD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, DR RAUL	5.2 NAME	Touchton, David
STREET ADDRESS	2129 BENFORD AVE	5.3 STREET ADDRESS	3504 Jacque Lee Lane
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	PCD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, GERALD	6.2 NAME	John Attaway
STREET ADDRESS	2828 OAKLAND AVE	6.3 STREET ADDRESS	P.O. Box 407
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, FL

14. I 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; that 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]* **AMEER LAKHANI** 1/8/98 741-680-2582

CP2E037 (10/97)