

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 9: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767073** (0)

1. Corporation Name

LANNIE ROWE LAKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

142 H L SUDDUTH DR
PANAMA CITY FL 32404
US

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PANAMA CITY FL 32404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1983** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2380891** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **120 H.L. Sudduth Dr**

26 **120 H.L. Sudduth Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **PANAMA City, FL**

City & State

28 **PANAMA City, FL**

Zip

24 **32404**

Country

25 **BAY**

Zip

29 **32404**

Country

30 **BAY**

9. Name and Address of Current Registered Agent

DERRILL, DEL K
142 H.L. SUDDUTH DR
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name **Ralph O. Smith**
82 Street Address (P.O. Box Number is Not Acceptable) **120 H.L. Sudduth Dr**
83
84 City **PANAMA City** **FL** 85 Zip Code **32404**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Ralph O. Smith Pres
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

4/27/95
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DERRILL, DEL K**
STREET ADDRESS **142 H.L. SUDDUTH DR**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **VD**
NAME **HESTER, ED**
STREET ADDRESS **140 H.L. SUDDUTH DR**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **TD**
NAME **HAMMOND, WESLEY**
STREET ADDRESS **148 H L SUDDUTH DR**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **D**
NAME **WOELTJE, FRED**
STREET ADDRESS **128 H.L. SUDDUTH DR**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **D**
NAME **BRANEM, JEFF**
STREET ADDRESS **200 H.L. SUDDUTH DR**
CITY - ST - ZIP **PANAMA CITY FL**

TITLE **D**
NAME **LANGFORD, CLANCY**
STREET ADDRESS **223 LANNIE ROWE DR**
CITY - ST - ZIP **PANAMA CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
1.2 NAME **RALPH O SMITH**
1.3 STREET ADDRESS **120 H.L. SUDDUTH DR**
1.4 CITY - ST - ZIP **PANAMA CITY, FL 32404**

2.1 TITLE **VD** Change Addition
2.2 NAME **WILLIAM G. MORRISON**
2.3 STREET ADDRESS **124 H.L. SUDDUTH DR**
2.4 CITY - ST - ZIP **PANAMA CITY, FL 32404**

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

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

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

6.1 TITLE Change 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 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: *Ralph O. Smith Pres.* **Ralph O. Smith** *4/27/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)