

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-1-96 B-

5302 (0) C

DOCUMENT # 767073

1. Corporation Name

LANNIE ROWE LAKE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

120 H. L. SUDDUTH DRIVE
PANAMA CITY FL 32404
US

120 H.L. SUDDUTH DR.
PANAMA CITY FL 32404
US

3. Date Incorporated or Qualified
02/18/1983

3a. Date of Last Report
05/01/1995

21 2. Principal Place of Business
211 Lannie Rowe Dr.

2a. Mailing Address
211 Lannie Rowe Dr.

4. FEI Number
59-2380891

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Panama City, FL

28 City & State
Panama City, FL

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

24 Zip 32404 Country U.S.

29 Zip 32404 Country U.S.

8. 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

SMITH, RALPH O
120 H.L. SUDDUTH DRIVE
PANAMA CITY FL 32404

81 Name KIRKER, PAUL
82 Street Address (P.O. Box Number is Not Acceptable)
211 Lannie Rowe Drive
83
84 City Panama City FL 85 Zip Code 32404

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 *Paul Kirker* PAUL KIRKER APRIL 25, 1996
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, RALPH O	
STREET ADDRESS	120 H. L. SUDDUTH DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, WILLIAM G	
STREET ADDRESS	124 H.L. SUDDUTH DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMMOND, WESLEY	
STREET ADDRESS	148 H L SUDDUTH DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOELTJE, FRED	
STREET ADDRESS	128 H.L. SUDDUTH DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANEM, JEFF	
STREET ADDRESS	200 H.L. SUDDUTH DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANGFORD, CLANCY	
STREET ADDRESS	223 LANNIE ROWE DR	
CITY-ST-ZIP	PANAMA CITY FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIRKER, PAUL	
1.3 STREET ADDRESS	211 Lannie Rowe Drive	
1.4 CITY-ST-ZIP	Panama City, FL 32404	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WOELTJE, FRED	
2.3 STREET ADDRESS	128 H.L. Sudduth Drive	
2.4 CITY-ST-ZIP	Panama City, FL 32404	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREEN, SUSAN	
3.3 STREET ADDRESS	126 H.L. Sudduth Drive	
3.4 CITY-ST-ZIP	Panama City, FL 32404	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMPSON, GERALDINE	
4.3 STREET ADDRESS	132 H.L. SUDDUTH DRIVE	
4.4 CITY-ST-ZIP	Panama City, FL 32404	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMITH, RALPH	
5.3 STREET ADDRESS	120 H.L. SUDDUTH DRIVE	
5.4 CITY-ST-ZIP	Panama City, FL 32404	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MORRISON, WILLIAM G.	
6.3 STREET ADDRESS	124 H.L. SUDDUTH DRIVE	
6.4 CITY-ST-ZIP	Panama City, FL 32404	

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: *Paul Kirker* PAUL KIRKER APRIL 25, 1996 904-789-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)