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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767073 (0)

1. Corporation Name
LANNIE ROWE LAKE ASSOCIATION, INC.



Principal Place of Business 211 LANNIE ROWE DR PANAMA CITY FL 32404 US	Mailing Address 211 LANNIE ROWE DR PANAMA CITY FL 32404-7827 US
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3. Date Incorporated or Qualified 02/18/1983	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 128 H.L. Sudduth Dr	2a. Mailing Address 26 128 H.L. Sudduth Dr
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Panama City, FL	28. City & State Panama City, FL
24. Zip 32404	25. Country US
29. Zip 32404	30. Country US

4. FEI Number 59-2380891	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIRKER, PAUL
211 LANNIE ROWE DRIVE
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81. Name Woeltje, Fred
82. Street Address (P.O. Box Number is Not Acceptable) 128 H.L. Sudduth Dr.
83. 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 *Speed Woeltje* **4-10-1997**
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME KIRKER, PAUL	
STREET ADDRESS 211 LANNIE ROWE DR	
CITY-ST-ZIP PANAMA CITY FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME WOELTJE, FRED	
STREET ADDRESS 128 H. L. SUDDUTH DR	
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 type="checkbox"/> DELETE
NAME THOMPSON, GERALDINE	
STREET ADDRESS 132 H L SUDDUTH DR	
CITY-ST-ZIP PANAMA CITY FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SMITH, RALPH	
STREET ADDRESS 120 H. L. SUDDUTH DR	
CITY-ST-ZIP PANAMA CITY FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MORRISON, WILLIAM G.	
STREET ADDRESS 124 H. L. SUDDUTH DRIVE	
CITY-ST-ZIP PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Woeltje, Fred	
1.3 STREET ADDRESS 128 H.L. Sudduth Dr.	
1.4 CITY-ST-ZIP Panama City, FL 32404	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Smith, Ralph	
2.3 STREET ADDRESS 120 H.L. Sudduth Dr.	
2.4 CITY-ST-ZIP Panama City, FL 32404	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Green, Susan	
5.3 STREET ADDRESS 126 H.L. Sudduth Dr.	
5.4 CITY-ST-ZIP Panama City, FL 32404	
6.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Mason, Amy	
6.3 STREET ADDRESS 146 H.L. Sudduth Dr.	
6.4 CITY-ST-ZIP Panama City, FL 32404	

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.

Handwritten signatures and date: 4-10-97

CR2E037 (9/96)