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**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90051 018 \*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767073**

1. Corporation Name

**LANNIE ROWE LAKE ASSOCIATION, INC.**

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Principal Place of Business 200 H L SUDDUTH PANAMA CITY FL 32404 US	Mailing Address 200 H L SUDDUTH DRIVE PANAMA CITY FL 32404 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/18/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2380891
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRANEM, JEFF 200 H L SUDDUTH DRIVE PANAMA CITY FL 32404		81 Name Jeff Branem	85 Zip Code FL 32404
		82 Street Address (P.O. Box Number is Not Acceptable) 200 H.L. Sudduth Dr.	
		83 City Panama City,	
		84 City	

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: *Jeff Branem* Jeff Branem DATE: 4/27/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANEM, JEFF	1.2 NAME	
STREET ADDRESS	200 H L SUDDUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSEBEE, CARY	2.2 NAME	
STREET ADDRESS	310 LAKESIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, WESLEY	3.2 NAME	
STREET ADDRESS	148 H L SUDDUTH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIK, GREG	4.2 NAME	
STREET ADDRESS	124 H L SUDDUTH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, SUSAN	5.2 NAME	Langford, Clancy
STREET ADDRESS	126 H L SUDDUTH DR	5.3 STREET ADDRESS	223 Lannie Rowe Drive
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama City, FL 32404
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, AMY	6.2 NAME	
STREET ADDRESS	146 H L SUDDUTH DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Amy Mason* Amy Mason DATE: 4/27/99 (850) 286-6481

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)