

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **767328** (8)
1. Corporation Name
BAY LAGOON COMMUNITY ASSOCIATION, INC.



Principal Place of Business PO BOX 521322 LONGWOOD FL 32752-8322	Mailing Address PO BOX 521322 LONGWOOD FL 32752-1322
--	--

3. Date Incorporated or Qualified 03/07/1983	3a. Date of Last Report 04/25/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2472739	Applied For Not Applicable
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 BRAVO, CARMINE M. 1450 W. ST. RD. 434, STE. 3 LONGWOOD FL 32750	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS	
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	SCRUBBS, LINDA
STREET ADDRESS	1384 N. MARCY DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SCRUBBS, KENNETH
STREET ADDRESS	1384 N. MARCY DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FIDNAZA, TONY
STREET ADDRESS	1345 N. MARCY DR.
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	I D
1.3 STREET ADDRESS	T. GUNNAR ANDERSON
1.4 CITY-ST-ZIP	1356 N. MARCY DR. LONGWOOD, FL 32750
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P D
2.3 STREET ADDRESS	MARTIN FISCHER
2.4 CITY-ST-ZIP	1363 N. MARCY DR. LONGWOOD, FL 32750
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V D
3.3 STREET ADDRESS	MICHAEL GOLD
3.4 CITY-ST-ZIP	1309 WILLOW SPRINGS CT. LONGWOOD, FL 32750
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S D
4.3 STREET ADDRESS	MARK CUMMINGS
4.4 CITY-ST-ZIP	1360 N. MARCY DR. LONGWOOD, FL 32750
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* DATE: *05/11/97* (11021125581)

CR2E037 (9/96)