

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 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 # 767486 (4)
1. Corporation Name
LITHIA OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 3007 WISTER CIRCLE VALRICO FL 33594	Mailing Address 3007 WISTER CIRCLE VALRICO FL 33594-5640
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3. Date Incorporated or Qualified 03/15/1983		3a. Date of Last Report 04/17/1996	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country	31	City

4. FEI Number 59-2951165	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROBINSON, CAROL
3007 WISTER CIRCLE
VALRICO FL 33594**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT	1.2	STREET ADDRESS
STREET ADDRESS	3007 WISTER CIRCLE	1.3	CITY-ST-ZIP
CITY-ST-ZIP	VALRICO FL	2.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	2.2	STREET ADDRESS
NAME	HOLCOMBE, J. MARIE	2.3	CITY-ST-ZIP
STREET ADDRESS	3005 WISTER CIRCLE	3.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VALRICO FL	3.2	STREET ADDRESS
TITLE	D <input type="checkbox"/> DELETE	3.3	CITY-ST-ZIP
NAME	MURRAY, JOY	4.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2103 DOEFIELD COURT	4.2	STREET ADDRESS
CITY-ST-ZIP	VALRICO FL	4.3	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNZEKER, ED	5.2	STREET ADDRESS
STREET ADDRESS	3017 WILTON LANE	5.3	CITY-ST-ZIP
CITY-ST-ZIP	VALRICO FL	6.1	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.2	STREET ADDRESS
NAME	GROAT, DICK	6.3	CITY-ST-ZIP
STREET ADDRESS	3020 WISTER CIRCLE		
CITY-ST-ZIP	VALRICO FL		
TITLE	D <input type="checkbox"/> DELETE		
NAME	GROAT, JOAN		
STREET ADDRESS	3020 WISTER CIRCLE		
CITY-ST-ZIP	VALRICO FL		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Handwritten signatures]* 4-8-97

CF2E037 (9/96)