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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90047 009 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767486

1. Corporation Name
LITHIA OAKS PROPERTY OWNERS ASSOCIATION, INC.

312415 - 90047 - 9



Principal Place of Business
3007 WISTER CIRCLE
VALRICO FL 33594

Mailing Address
3007 WISTER CIRCLE
VALRICO FL 33594

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/15/1983
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2951165
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
26	27	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ROBINSON, CAROL
3007 WISTER CIRCLE
VALRICO FL 33594

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
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 _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT	1.2 NAME	
STREET ADDRESS	3007 WISTER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMBE, J. MARIE	2.2 NAME	
STREET ADDRESS	3005 WISTER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JOY	3.2 NAME	
STREET ADDRESS	2103 DOEFIELD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNZEKER, ED	4.2 NAME	
STREET ADDRESS	3017 WILTON LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROAT, DICK	5.2 NAME	
STREET ADDRESS	3020 WISTER CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROAT, JOAN	6.2 NAME	
STREET ADDRESS	3020 WISTER CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO 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: *J. P. Harris* SIGNATURE REQUIRED 4-8-99 813-681-7428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)