FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N11322 (7)

1. Corporation Name
LAKE POINT LANDING OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2600 LUCERNE PARK RD. WINTER HAVEN FL 33881 US	P.O. BOX 4125 WINTER HAVEN FL 33885 US

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: NOT APPLICABLE — [X] Applied For [X] Not Applicable
5. Certificate of Status Desired: No [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

GENTILE, FERNE
2600 LUCERNE PARK RD. 518
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: OLLIE JOERG
82 Street Address (P.O. Box Number is Not Acceptable): 2600 LUCERNE PARK RD. 511
83
84 City: WINTER HAVEN FL 85 Zip Code: 33881-9427

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ollie Joerg Director & Treasure — Feb 10, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	[X] Change [ ] Addition
NAME	GENTILE, FERNE	1.2 NAME	JEANNE TROCANO	
STREET ADDRESS	2600 LUCERNE PARK RD. #518	1.3 STREET ADDRESS	2600 LUCERNE PARK RD #529	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33881-9427	
TITLE	VD	2.1 TITLE	VD THAD MANKOWSKI	[X] Change [ ] Addition
NAME	ARNOLD, JESSIE	2.2 NAME		
STREET ADDRESS	2600 LUCERNE PARK RD #513	2.3 STREET ADDRESS	2600 LUCERNE PARK RD. #510	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9427	
TITLE	SD	3.1 TITLE	SD	[X] Change [X] Addition
NAME	WINTERS, ROBERT	3.2 NAME	BARBARA TANTS	
STREET ADDRESS	2600 LUCERNE PARK RD.#525	3.3 STREET ADDRESS	2600 LUCERNE PARK RD. #517	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9427	
TITLE	TD	4.1 TITLE	TD	[ ] Change [X] Addition
NAME	TROCANO, JEANNE	4.2 NAME	OLLIE JOERG	
STREET ADDRESS	2600 LUCERNE PARK RD. >#529	4.3 STREET ADDRESS	2600 LUCERNE PARK RD #511	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9427	
TITLE	D	5.1 TITLE	D	[ ] Change [X] Addition
NAME	MANKOWSKI, THAD	5.2 NAME	WILLIAM OURANT	
STREET ADDRESS	2600 LUCERNE PARK RD #510	5.3 STREET ADDRESS	2600 LUCERNE PARK RD. #520	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9427	
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

RL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ollie Joerg - OLLIE JOERG DIRECTOR AND TREASURE — Feb 10 1995 — 813-293-9343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080838