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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N00269 (3)
 1. Corporation Name
GEORGE'S LIGHTHOUSE POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **230 JOHN KNOX ROAD, SUITE 2 TALLAHASSEE FL 32303**
 Mailing Address: **230 JOHN KNOX ROAD, SUITE 2 TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified: **12/09/1983**
 4. FEI Number: **59-2530607**
 Applied For: Not Applicable:

2. Principal Place of Business
 21. **Rt. 1 Box 1400**
 Suite, Apt. #, etc.
 22. **Havana, FL**
 City & State
 23. **82333 USA**
 Zip Country
 24. **USA**
 Country

2a. Mailing Address
 25. **Rt. 1 Box 1400**
 Suite, Apt. #, etc.
 26. **Havana, FL**
 City & State
 27. **32333 USA**
 Zip Country
 28. **USA**
 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DRAKE, VAN
230 JOHN KNOX RD., SUITE 2
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
 81. Name: **Terry McDonald**
 82. Street Address (P.O. Box Number is Not Acceptable): **Rt. 1 Box 1400**
 83.
 84. City: **Havana** **FL** 85. Zip Code: **32333**

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: *Terry McDonald* **Terry McDonald - Pres. HOA** **4/30/98**
Signature of registered agent 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	DRAKE, VAN	1.1 TITLE	VP-D
NAME	DRAKE, VAN	1.2 NAME	Drake, Van
STREET ADDRESS	230 JOHN KNOX RD STE 2	1.3 STREET ADDRESS	230 John Knox Rd. STE. 2
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D	2.1 TITLE	D
NAME	GODBY, JACK	2.2 NAME	Godby, Jack
STREET ADDRESS	P.O. BOX 723 N/A	2.3 STREET ADDRESS	P.O. Box 723
CITY-ST-ZIP	MOULTRIE GA	2.4 CITY-ST-ZIP	Moultrie, GA.
TITLE	STD	3.1 TITLE	PD
NAME	DRAKE, VAN	3.2 NAME	Terry McDonald
STREET ADDRESS	230 JOHN KNOX RD	3.3 STREET ADDRESS	Rt. 1 Box 1400
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Havana, FL 32333
TITLE	PD	4.1 TITLE	STD
NAME	Terry McDonald	4.2 NAME	Glenda McDonald
STREET ADDRESS	Rt 1 Box 1400	4.3 STREET ADDRESS	Rt. 1 Box 1400
CITY-ST-ZIP	HAVANA FL 32333	4.4 CITY-ST-ZIP	Havana, FL 32333
TITLE	STD	5.1 TITLE	
NAME	Glenda McDonald	5.2 NAME	
STREET ADDRESS	Rt 1 Box 1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	Glenda McDonald	6.2 NAME	
STREET ADDRESS	Rt 1 Box 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	HAVANA FL 32333	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.

SIGNATURE: *Terry McDonald* **Terry McDonald, 4/30/98** (850) 562-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0000000

CR2E037 (10/97)