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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N02066 (1)  
1. Corporation Name  
LAKE FRANCIS OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O MARVIL H. F. L.  
1700 QUIET OAK LN  
PENSACOLA FL 32526  
US  
~~31- 1725 QUIET OAK LANE~~  
~~1742 QUIET OAK LN~~  
PENSACOLA FL 32526-3852  
US

3. Date Incorporated or Qualified 03/20/1984  
3a. Date of Last Report 10/11/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2502939	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	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  
COCHRAN, TREVOR M  
1713 QUIET OAK LANE  
PENSACOLA FL 32526

10. Name and Address of New Registered Agent  
81 Name Blake J. Conti  
82 Street Address (P.O. Box Number is Not Acceptable)  
1725 Quiet Oak Lane  
83  
84 City Pensacola FL 85 Zip Code 32526

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 BLAKE J. CONTI *Blake J. Conti* 12 APR 97  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	COCHRAN, TREVOR M	
STREET ADDRESS	1713 QUIET OAK LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JANSSEN, E. CHRIS	
STREET ADDRESS	1700 QUIET OAK LAND	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GUICE, CLINTON	
STREET ADDRESS	1714 QUIET OAK LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<del>Conti, Blake J</del> Conti, Blake J	
1.3 STREET ADDRESS	1725 Quiet Oak Lane	
1.4 CITY-ST-ZIP	Pensacola, FL 32526	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cochran, Melinda J.	
2.3 STREET ADDRESS	1713 Quiet Oak Lane	
2.4 CITY-ST-ZIP	Pensacola, FL 32526	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Meehan, Tom	
3.3 STREET ADDRESS	1700 Quiet Oak Lane	
3.4 CITY-ST-ZIP	Pensacola, FL 32526	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: *Melinda J. Cochran* 4-2-97 904-944-8673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073266

CR2E037 (9/96)