


FILE NOW. FILING FEE IS \$01.20

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 11 AM 11:59

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



Principal Place of Business Mailing Address
C/O MARVIL II, F. L.
1700 QUIET OAK LN
PENSACOLA FL 32526
US

21 21
1712 QUIET OAK LN
PENSACOLA FL 32526
US

3. Date Incorporated or Qualified **03/20/1984** 3a. Date of Last Report **02/03/1995**

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

4. FEI Number **59-2502939** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CODONE, GEORGE J.
1712 QUIET OAK LN
PENSACOLA FL 32526**

10. Name and Address of New Registered Agent
81 Name **TREVER M. COCHRAN**
82 Street Address (P.O. Box Number is Not Acceptable) **1713 QUIET OAK LN.**
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 *Trever M. Cochran* 5-29-96
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	MARVIL II, F. L.
STREET ADDRESS	1700 QUIET OAK LN
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CODONE, GEORGE J.
STREET ADDRESS	1712 QUIET OAK LN
CITY-ST-ZIP	PENSACOLA FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	MARVIL, OMEGA
STREET ADDRESS	1700 QUIET OAK LN
CITY-ST-ZIP	PENSACOLA FL
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	TREVER M. COCHRAN
1.3 STREET ADDRESS	1713 QUIET OAK LN.
1.4 CITY-ST-ZIP	PENSACOLA, FL. 32526
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. CHRIS JANSSEN
2.3 STREET ADDRESS	1700 QUIET OAK LN.
2.4 CITY-ST-ZIP	PENSACOLA, FL 32526
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLINTON GUICE
3.3 STREET ADDRESS	1714 QUIET OAK LN.
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	100001987291
5.3 STREET ADDRESS	-10/28/96--01053--001
5.4 CITY-ST-ZIP	*****61.25 *****61.25
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Trever M. Cochran* 5-29-96 904-944-8673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2507 (12/95)

Lake Francis Oaks Homeowners Association, Inc.
1713 Quiet Oak Lane
Pensacola, FL 32526

October 9, 1996

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 13900
Tallahassee, FL 32317

Ref. Number N02066

Dear Ms. Mortham

Enclosed you will find a copy of the annual report and a copy of the money order filed by this homeowners association in April of 1996. On May 22, 1996, I received a letter from your department (without the money order) stating that the report was not complete. It was completed and returned to your office. In September, another letter was received stating that your office had not received the report.

A stop payment has been placed on the original money order and you will find a new one enclosed. We are a small organization, with new officers assuming positions due to default. We have minimal knowledge regarding these corporate requirements and have been trying to comply. All previous officers have moved from the area.

I hope that this will clear everything up.

Sincerely,



Trever M. Cochran
President