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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90003 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03284					
1. Corporation Name FLORIDA'S LAKE COUNTRY YACHT CLUB, INC.					
Principal Place of Business F.L.C.Y.C. P.O. BOX 701 LAKE PLACID FL 33862 US			Mailing Address C/O EDWARD P. ELLIG 3529 PLACID VIEW DR. LAKE PLACID FL 33852 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/24/1984 4. FEI Number 59-2376626 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent ELLIG, EDWARD P 3529 PLACID VIEW DR. LAKE PLACID FL 33852				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City, FL 85 Zip Code			
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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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIG, EDWARD P	1.2 NAME	XXXXXXXXXXXX
STREET ADDRESS	3529 PLACID VIEW DR	1.3 STREET ADDRESS	XXXXXXXXXXXX
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	LAKE PLACID FL 33852
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNE, WILLIAM C	2.2 NAME	Puzey, Robert L.
STREET ADDRESS	120 ORANGE RD. NE	2.3 STREET ADDRESS	43 Meadowlake Circle N
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, DAVID L	3.2 NAME	
STREET ADDRESS	128 DARDANELLA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAM, RICHARD	4.2 NAME	Schenck, Richard
STREET ADDRESS	123 ORANGE RD NE	4.3 STREET ADDRESS	111 Lime Rd NE
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGHDOFF, LORRIE	5.2 NAME	Hitchins, Ramona
STREET ADDRESS	324 LAKE GROVES RD NE	5.3 STREET ADDRESS	550 Enos Ave. NW
CITY-ST-ZIP	LAKE PLACID FL 33852	5.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, SANDY	6.2 NAME	
STREET ADDRESS	204 HUNTLEY OAKS	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	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:  **EDWARD P. ELLIG, Director 3/1/99 (941) 465-5274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)