

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N06955 (1)

1. Corporation Name
THE LANDINGS AT LAKE CAROLINE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: % ROWLETT W. BRYANT, 833 HARRISON AVENUE, PANAMA CITY FL 32401
Mailing Address: % ROWLETT W. BRYANT, 833 HARRISON AVENUE, PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 06/05/1995
4. FEI Number: 59-2760521
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 1325 W. 12th Street
Suite, Apt. #, etc.: 22 Unit C-7
City & State: 23 Panama City FL
Zip: 24 32401 Country: 25 USA

9. Name and Address of Current Registered Agent
BRYANT, ROWLETT W
833 HARRISON AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name: Ryan, Patrick J PR
82 Street Address (P.O. Box Number is Not Acceptable): 1325 W. 12th St. Unit C-7 PR
83 City: Panama City PR
84 City: FL 85 Zip Code: 32401 PR

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	SHEARS, VICKIE L	
STREET ADDRESS	1325 W. 12TH ST. A-4	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RYAN, PATRICK	
STREET ADDRESS	1325 W. 12TH ST, C-4	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CONRAD, HUTCHISON M	
STREET ADDRESS	1325 W. 12TH ST, C-5	
CITY-ST-ZIP	PANAMA CITY 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	President / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM ELLIOT	
1.3 STREET ADDRESS	1325 W. 12th St. Unit C-3	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
2.1 TITLE	TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY & VICE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CINDY TEW	
3.3 STREET ADDRESS	1325 W. 12th St. Unit A-1	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
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	500001789845	
5.4 CITY-ST-ZIP	-04/23/96--01014--004	
6.1 TITLE	***61.25	<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: Patrick J. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: March 24, 1996
Daytime Phone: (904) 722-4675

CR2E037 (12/95)