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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08717** (3)
1. Corporation Name
THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2158 ROYAL DR MELBOURNE FL 32804	Mailing Address 2158 ROYAL DR MELBOURNE FL 32804-8118
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3. Date Incorporated or Qualified 04/15/1985	3a. Date of Last Report 02/02/1996
4. FEI Number 59-2401972	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**COLLING, LEE J
20 NORTH ORANGE AVENUE, SUITE 700
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CERINO, JOSEPH	
STREET ADDRESS	210 ROYAL DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HERIAN, CHARLES	
STREET ADDRESS	2538 LAKES OF MELBOURNE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SNAVELY, WILLIAM	
STREET ADDRESS	3961 SOUTHWIND DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WHITE, JOANN	
STREET ADDRESS	2383 LAKE OF MELBOURNE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAMPMAN, JAMES	
STREET ADDRESS	3980 BAY PORT COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, ROY	
STREET ADDRESS	3854 SEAGROVE LANE	
CITY-ST-ZIP	MELBOURNE FL	

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	Rose Mary Cleary	
1.3 STREET ADDRESS	2145 Royal Drive	
1.4 CITY-ST-ZIP	Melbourne, Fl 32904	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jean Neill	
2.3 STREET ADDRESS	4009 Caspian Court	
2.4 CITY-ST-ZIP	Melbourne, Fl 32904	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2222 Inlet Way	
3.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John Green	
6.3 STREET ADDRESS	2356 Parkland Drive	
6.4 CITY-ST-ZIP	Melbourne, Fl 32904	

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: *William B. Snavely* **William B. Snavely** 4/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018700

CR2E037 (9/96)