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Feb 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF REVENUE  
 Sandra B. Morthland  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N08717 (3)  
 1. Corporation Name  
 THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 2158 ROYAL DR MELBOURNE FL 32904  
 2158 ROYAL DR MELBOURNE FL 32904

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

3. Date Incorporated or Qualified  
 04/15/1985  
 4. FEI Number 59-2401972 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  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 Patrick F. Healy, Esq.  
 Potter, McClelland, Marks & Healy, P.A.  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 700 S. Babcock St., Suite 400  
 83  
 84 City Melbourne FL 85 Zip Code 32901

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 *Patrick F. Healy* Patrick F. Healy, Esq. 2/4/98  
 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	PD	1.1 TITLE	PD
NAME	CLEARY, ROSE MARY	1.2 NAME	JOHN GREEN
STREET ADDRESS	2145 ROYAL DR	1.3 STREET ADDRESS	2356 PARKLAND DR.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	VPD	2.1 TITLE	VPD
NAME	NEILL, JEAN	2.2 NAME	ROY MCDONALD MACDONALD
STREET ADDRESS	4009 CASPIAN CT	2.3 STREET ADDRESS	3866 SEA GROVE LA.
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	TD	3.1 TITLE	TD
NAME	SNAVELY, WILLIAM	3.2 NAME	WILLIAM RETTIG
STREET ADDRESS	2222 INLET WAY	3.3 STREET ADDRESS	2398 LAKES OF MELBOURNE DR.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	VPD	4.1 TITLE	VPD
NAME	WHITE, JOANN	4.2 NAME	
STREET ADDRESS	2383 LAKE OF MELBOURNE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD
NAME	LAMPMAN, JAMES	5.2 NAME	JEAN NEILL
STREET ADDRESS	3980 BAY PORT COURT	5.3 STREET ADDRESS	4009 CASPIAN CT.
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	D	6.1 TITLE	D
NAME	GREEN, JOHN	6.2 NAME	MILLIE KENNY
STREET ADDRESS	2356 PARKLAND DR	6.3 STREET ADDRESS	2341 PARKLAND DR
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	MELBOURNE FL 32904

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	JOHN GREEN
1.3 STREET ADDRESS	2356 PARKLAND DR.
1.4 CITY-ST-ZIP	MELBOURNE, FL 32904
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROY MCDONALD MACDONALD
2.3 STREET ADDRESS	3866 SEA GROVE LA.
2.4 CITY-ST-ZIP	MELBOURNE, FL 32904
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM RETTIG
3.3 STREET ADDRESS	2398 LAKES OF MELBOURNE DR.
3.4 CITY-ST-ZIP	MELBOURNE, FL 32904
4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JEAN NEILL
5.3 STREET ADDRESS	4009 CASPIAN CT.
5.4 CITY-ST-ZIP	MELBOURNE, FL 32904
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MILLIE KENNY
6.3 STREET ADDRESS	2341 PARKLAND DR
6.4 CITY-ST-ZIP	MELBOURNE FL 32904

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.

SIGNATURE: *William L. Rettig* WILLIAM L. RETTIG 2-1-98 407-984-3086

CR2E037 (10/97)