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NONPROFIT CORPORATION ANNUAL REPORT 1999

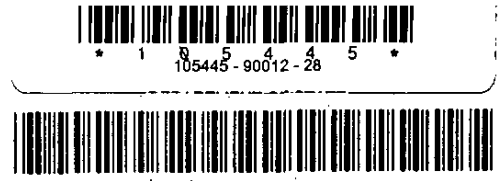


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08717

1. Corporation Name
THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

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



2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. City & State: 28 Zip: 29 Country: 30

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

9. Name and Address of Current Registered Agent
PATRICK F HEALY, ESQ
OPOTTER, MCCLELLAND, MARKS & HEALY, P.A.
700 S BABCOCK ST #400
MELBOURNE FL 32901

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

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: *William L. Rettig* WILLIAM L. RETTIG
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	VPD ROY MACDONALD 3866 SEA GROVE LN MELBOURNE FL 32904	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P PD 1.2 NAME JOSEPH CERINO 1.3 STREET ADDRESS 2010 ROYAL DR. 1.4 CITY-ST-ZIP MELBOURNE, FL 32904
TITLE	SD NEILL, JEAN 4009 CASPIAN CT MELBOURNE FL 32904	<input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME ROBERT DANE 2.3 STREET ADDRESS 4011 MERIDIAN CT. 2.4 CITY-ST-ZIP MELBOURNE, FL 32904
TITLE	TD WILLIAM RETTIG 2398 LAKES OF MELBOURNE DR MELBOURNE FL 32904	<input type="checkbox"/> DELETE	3.1 TITLE VPD 3.2 NAME NANCY FINK 3.3 STREET ADDRESS 2320 BENT PINE DR. 3.4 CITY-ST-ZIP MELBOURNE, FL 32904
TITLE	VPD WHITE, JOANN 2383 LAKE OF MELBOURNE DRIVE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME MADELINE McCONVILLE 4.3 STREET ADDRESS 3984 BAYPORT CT. 4.4 CITY-ST-ZIP MELBOURNE FL 32904
TITLE	D MILLIE KENNY 2341 PARKLAND DR MELBOURNE FL 32904	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	PD GREEN, JOHN 2356 PARKLAND DR MELBOURNE FL 32904	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *William L. Rettig* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-1-99 984-3086
Date Daytime Phone #

CR2E037 (1/198)