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Jan 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

DOCUMENT # N12930 (6)
1. Corporation Name
LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
107 BUCCANEER DRIVE LEESBURG FL 34788
107 BUCCANEER DR LEESBURG FL 34788-7959 US

3. Date Incorporated or Qualified 01/10/1986
3a. Date of Last Report 01/31/1996
4. FEI Number 59-2623495
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
DEVRIES, GENEVIEVE
151 BUCCANEER DR.
LEESBURG FL 34788

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: *Genevieve Devries* DATE: 1-10-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	DEVRIES, GENEVIEVE	
STREET ADDRESS	151 BUCCANEER DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OSWALT, JOEL	
STREET ADDRESS	3 KEY LARGO WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABELL, JOHN	
STREET ADDRESS	29 BUCCANEER DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARR, THERESA	
STREET ADDRESS	17 BAHIA WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMME, MARIE	
STREET ADDRESS	43 BUCCANEER DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PREWITT, HENRY	
STREET ADDRESS	110 SEA FERN DR.	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D David Sarver
2.3 STREET ADDRESS	13 Key Biscayne Way
2.4 CITY-ST-ZIP	Leesburg, FL 34788
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P Abell, John
3.3 STREET ADDRESS	29 Buccaneer Dr.
3.4 CITY-ST-ZIP	Leesburg, FL 34788
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Mary Burke
4.3 STREET ADDRESS	124 Buccaneer Dr.
4.4 CITY-ST-ZIP	Leesburg, FL 34788
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP Edward Merriam
6.3 STREET ADDRESS	96 Sea Fern Dr.
6.4 CITY-ST-ZIP	Leesburg, FL 34788

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: *Genevieve Devries* DATE: 1-10-97 352-728-8604
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)