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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12930 (6)**
1. Corporation Name
LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.



Principal Place of Business 107 BUCCANEER DRIVE LEESBURG FL 34788	Mailing Address 107 BUCCANEER DR LEESBURG FL 34788 US
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3. Date Incorporated or Qualified 01/10/1986	
4. FEI Number 59-2623495	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEVRIES, GENEVIEVE 151 BUCCANEER DR. LEESBURG FL 34788	
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10. Name and Address of New Registered Agent	
81 Name Paxson, William	85 Zip Code 34788
82 Street Address (P.O. Box Number is Not Acceptable) 13 Cedar Key Way	
83	
84 City Leesburg	85 State FL

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 Paxson* DATE **1/16/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEVRIES, GENEVIEVE		1.2 NAME Paxson, William	
STREET ADDRESS 151 BUCCANEER DR. LEESBURG FL		1.3 STREET ADDRESS 13 Cedar Key Way Leesburg, FL 34788	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARVER, DAVID		2.2 NAME Sarver, David	
STREET ADDRESS 13 KEY BISCAYNE WAY LEESBURG FL		2.3 STREET ADDRESS 13 Key Biscayne Way Leesburg, FL 34788	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABELL, JOHN		3.2 NAME Dowling, Eileen	
STREET ADDRESS 29 BUCCANEER DR. LEESBURG FL		3.3 STREET ADDRESS 38 Bayberry Drive Leesburg, FL 34788	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKE, MARY		4.2 NAME	
STREET ADDRESS 124 BUCCANEER DR LEESBURG FL		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEMMER, MARIE		5.2 NAME Hicks, Patricia	
STREET ADDRESS 43 BUCCANEER DR. LEESBURG FL		5.3 STREET ADDRESS 53 Lattice Drive Leesburg, FL 34788	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERRIAM, EDWARD		6.2 NAME Merriam, Edward	
STREET ADDRESS 96 SEA FERN DR LEESBURG FL		6.3 STREET ADDRESS 96 Sea Fern Drive Leesburg, FL 34788	
CITY-ST-ZIP		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.

SIGNATURE: *William Paxson* DATE: **1/16/98** TELEPHONE: **352-360-1712**

CR2E037 (10/97)