

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90044 030 ****61.25

008691

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # N12930

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
-------------------------------------------------------------------------	----------------------------------------------------------------



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 01/10/1986	4. FEI Number 59-2623495	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		

9. Name and Address of Current Registered Agent PAXSON, WILLIAM 13 CEDAR DEY WAY LEESBURG FL 34788				10. Name and Address of New Registered Agent	
81 Name		Nicholas, Regina			
82 Street Address (P.O. Box Number is Not Acceptable)		77 Buccaneer Dr.			
83					
84 City		Leesburg	FL	85 Zip Code 34788	

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 *Regina S. Nicholas* **Regina Nicholas, Secretary** **1-8-99**
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	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAXSON, WILLIAM		1.2 NAME	Nicholas, Regina	
STREET ADDRESS	13 CEDAR KEY WAY		1.3 STREET ADDRESS	77 Buccaneer Dr.	
CITY-ST-ZIP	LEESBURG FL 34788		1.4 CITY-ST-ZIP	Leesburg, Fl, 34788	
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		2.3 STREET ADDRESS	13 Key Biscayne Wayne	
CITY-ST-ZIP	LEESBURG FL 34788		2.4 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, EILEEN		3.2 NAME	Dowling, Eileen	
STREET ADDRESS	38 BAYBERRY DR		3.3 STREET ADDRESS	38 Bayberry Dr.	
CITY-ST-ZIP	LEESBURG FL 24788		3.4 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, MARY		4.2 NAME	Burke, Mary	
STREET ADDRESS	124 BUCCANEER DR		4.3 STREET ADDRESS	124 Buccaneer Dr.	
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, PATRICIA		5.2 NAME	Avery, Bernard	
STREET ADDRESS	53 LATTICE DR		5.3 STREET ADDRESS	55 Buccaneer Dr	
CITY-ST-ZIP	LEESBURG FL 34788		5.4 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRIAM, EDWARD		6.2 NAME	Haag, Romyne	
STREET ADDRESS	96 SEA FERN DR		6.3 STREET ADDRESS	17 Lattice Dr.	
CITY-ST-ZIP	LEESBURG FL 24788		6.4 CITY-ST-ZIP	Leesburg, FL 34788	

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: *Regina Nicholas* **SIGNATURE REQUIRED** **Regina Nicholas, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/8/99 352-326-2485