

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13079** (1)

1. Corporation Name

**LAKE WALES ESTATES LAND AND HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 3366  
LAKE WALES FL 33853

P.O. BOX 3366  
LAKE WALES FL 33859-3366



3. Date Incorporated or Qualified **12/13/1985** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2638652</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNUDSEN, DOLORES, A**  
**4930 SAND DOLLAR ST.**  
**LAKE WALES FL 33853**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARRARD, FRANK	
STREET ADDRESS	4555 FRUITVILLE AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, FLORENCE	
STREET ADDRESS	4690 LIGHTHOUSE AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, EVELYN	
STREET ADDRESS	4895 HAMMERMILL AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	KNUDSEN, DOLORES A.	
STREET ADDRESS	4930 SAND DOLLAR ST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Richard Ruble	
1.3 STREET ADDRESS	4495 Lighthouse Ave	
1.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Smith	
2.3 STREET ADDRESS	4555 Fruitville Ave	
2.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Bass	
3.3 STREET ADDRESS	4930 Greyhound Ave	
3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E037 (9/96)