


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15045** (0)

1. Corporation Name

SNL LOT 36 HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

**4015-4017 PONCE DE LEON BLVD.
SEBRING FL 33872**

Mailing Address

**4245 SUN N' LAKE BLVD.
SEBRING FL 33872**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1986		3a. Date of Last Report 04/05/1996	
21		26		4. FEI Number 59-2836286		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip		Zip					
24		29		30			
Country		Country					
25		33872		USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOND, PAULA S 4245 SUN N' LAKE BLVD. SEBRING FL 33872				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			
				33872			

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, J. FRANK	1.2 NAME	NEUBOLD, JR., NELSON
STREET ADDRESS	RR #2	1.3 STREET ADDRESS	6708 SW 100 LANE
CITY-ST-ZIP	LINDSAY, ONTARIO K9V4R-2	1.4 CITY-ST-ZIP	GAINESVILLE, FL. 32608
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHN, WARREN	2.2 NAME	
STREET ADDRESS	10 CRESCENT CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINDSAY, ONTARIO K9V3Y-9	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLION, DALYCE	3.2 NAME	HERNON, DORIS
STREET ADDRESS	8 WEDGEWOOD COURT, DARTMOUTH, NOVA SCOTIA	3.3 STREET ADDRESS	1931 MORRIS ST.
CITY-ST-ZIP	CANADA B2W 6B4 B2W6B-4	3.4 CITY-ST-ZIP	NEW CASTLE, PA. 16102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **941/471-2606** Daytime Phone # **0078352**

CR2E037 (9/96)