

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15909** (7)

1. Corporation Name
LAKE NONA CLUB, INC.



Principal Place of Business: **9100 CHILTERN DRIVE ORLANDO FL 32827-7016**
Mailing Address: **9100 CHILTERN DRIVE ORLANDO FL 32827-7016**

3. Date Incorporated or Qualified: **07/17/1986**
3a. Date of Last Report: **03/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2699364	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAY, JOHN T. % LAKE NONA CORPORATION 9801 LAKE NONA RD ORLANDO FL 32827				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERELL, CHRISTOPHER J.	1.2 NAME	Silverton, Vivienne
STREET ADDRESS	9801 LAKE NONA ROAD	1.3 STREET ADDRESS	5353 Isleworth CC Drive
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JOHN T	2.2 NAME	Allain, Eric
STREET ADDRESS	9801 LAKE NONA ROAD	2.3 STREET ADDRESS	9801 Lake Nona Road
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32827
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNLEY, JOHN B.	3.2 NAME	Thakkar, Rasesh
STREET ADDRESS	9801 LAKE NONA ROAD	3.3 STREET ADDRESS	5062 Isleworth CC Drive
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNLEY, JAMES B.	4.2 NAME	Voss, Jefferson R.
STREET ADDRESS	9801 LAKE NONA ROAD	4.3 STREET ADDRESS	550 Jefferson Street
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Oakland, FL 34760
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHEL, RICHARD P	5.2 NAME	
STREET ADDRESS	9801 LAKE NONA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, ROBERT T	6.2 NAME	
STREET ADDRESS	9801 LAKE NONA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (12/95)