


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 8180 CHILTERN DRIVE ORLANDO FL 32827-7016			Mailing Address 9100 CHILTERN DRIVE ORLANDO FL 32827-7029		
2. Principal Place of Business 21 215 North Eola Drive Suite, Apt. #, etc.		2a. Mailing Address 26 215 North Eola Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/17/1986	
22 City & State 23 Orlando, FL		27 City & State 28 Orlando, FL		3a. Date of Last Report 05/01/1996	
24 Zip 32801		25 Country USA		4. FEI Number 59-2699364	
29 Zip 32801		30 Country USA		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					
7. 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 GRAY, JOHN T. LAKE NONA CORPORATION 9801 LAKE NONA ROAD ORLANDO FL 32827			10. Name and Address of New Registered Agent 81 Name Goff, Barry L. 82 Street Address (P.O. Box Number is Not Acceptable) 215 N. Eola Drive 83 84 City Orlando FL 85 Zip Code 32801		
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SILVERTON, VIVIANNE				
STREET ADDRESS	5353 ISLEWORTH CC DRIVE				
CITY-ST-ZIP	WINDERMERE FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	ALLAIN, ERIC				
STREET ADDRESS	9801 LAKE NONA ROAD				
CITY-ST-ZIP	ORLANDO FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	THAKKAR, RASESH				
STREET ADDRESS	5062 ISLEWORTH CC DRIVE				
CITY-ST-ZIP	WINDERMERE FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	VOSS, JEFFERSON R.				
STREET ADDRESS	550 JEFFERSON STREET				
CITY-ST-ZIP	ORLANDO 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	Silverton, Vivienne				
1.3 STREET ADDRESS	9801 Lake Nona Road				
1.4 CITY-ST-ZIP	Orlando, FL 32827				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Mangum, Christopher				
3.3 STREET ADDRESS	9801 Lake Nona Road				
3.4 CITY-ST-ZIP	Orlando, FL 32827				
4.1 TITLE	TDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Voss, Jefferson R.				
4.3 STREET ADDRESS	9801 Lake Nona Rd				
4.4 CITY-ST-ZIP	Orlando, FL 32827				
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Turpin, Karen C.				
5.3 STREET ADDRESS	9801 Lake Nona Road				
5.4 CITY-ST-ZIP	Orlando, FL 32827				
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Lyon, R. Randolph Jr.				
6.3 STREET ADDRESS	9801 Lake Nona Road				
6.4 CITY-ST-ZIP	Orlando, FL 32827				
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 <i>[Signature]</i> K. C. Turpin					

CR2E037 (9/96)