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03-22-1999 90067 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17591**

1. Corporation Name

LIONSHEAD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5747 39TH ST CIR E BRADENTON FL 34203	PO BOX 20172 BRADENTON FL 34203

248176 - 90067 - 3

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/30/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0462392 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PALMER, MITCHELL
5747 39TH ST CIR E
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name: Maude Vining
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5710 42nd St. E.
84 City: Bradenton FL 85 Zip Code: 34203

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: Maude Vining Secretary Maude Vining 3/3/99
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	D	☑ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BENJAMIN, BRUCE E		1.2 NAME	PAUL LABOLT	
STREET ADDRESS	5907 42ND ST E		1.3 STREET ADDRESS	5703 E. 41st St.	
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-ST-ZIP	Bradenton FL 34203	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LINDSEY, JANET		2.2 NAME	ED LEE	
STREET ADDRESS	5725 39TH ST,CIRCLE E		2.3 STREET ADDRESS	5709 42nd St. E.	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Bradenton FL 34203	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☐ Change ☑ Addition
NAME	SEGLEM, KATHERINE M		3.2 NAME	DON CICHOWSKI	
STREET ADDRESS	5807 41ST ST. E.		3.3 STREET ADDRESS	4107 59TH PLACE E.	
CITY-ST-ZIP	BRADENTON FL 34203		3.4 CITY-ST-ZIP	Bradenton FL 34203	
TITLE	PD	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	ARNUT, GARY B		4. 2 NAME	GARY ARNDT	
STREET ADDRESS	5906 42ND ST E		4.3 STREET ADDRESS	5906 42nd St E	
CITY-ST-ZIP	BRADENTON FL 34203		4.4 CITY-ST-ZIP	Bradenton FL 34203	
TITLE	D	☐ DELETE	5.1 TITLE	PD	☐ Change ☑ Addition
NAME	MARTINEZ, LUIS A		5.2 NAME	ANDRE SCHARROO	
STREET ADDRESS	5713 39TH CIR E		5.3 STREET ADDRESS	4206 59TH PL E	
CITY-ST-ZIP	BRADENTON FL 34203		5.4 CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAUGEN, JOHN M		6.2 NAME		
STREET ADDRESS	5717 39TH ST. CIRCLE, E.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		6.4 CITY-ST-ZIP		

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: Maude Vining REQUIRED 3/3/99 941.751.1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)