

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90217 002 ****70.00

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Corporation Name

LAKE TERRACE HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

JON RADNOTHY
REGAL POINT
FL 32726

Mailing Address

C/O MELANIE BLAKENSHIP
1748 LAKE TERRACE DRIVE
EUSTIS FL 32726



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	05/22/1987
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	59-2981250
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	28	
Country	Zip	Country
25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

MELANIE J. LAWRENCE
NORTH BAY STREET
FL 32726

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
VD WILSON, PATRICK 1745 LAKE TERRACE DRIVE EUSTIS FL 32726	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD RADNOTHY, JON 2709 REGAL POINT EUSTIS FL 32726	<input type="checkbox"/> DELETE	1.2 NAME	
STD BLANKENSHIP, MELANIE 1748 LAKE TERRACE DRIVE EUSTIS FL 32726	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
D WORRELL, SCOTT 1838 LAKE TERRACE DR EUSTIS FL 32726	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
D WEST, SKIP 1840 LAKE TERRACE DR EUSTIS FL 32726	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		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	

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie Blanks DATE: 2-10-99 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)