FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

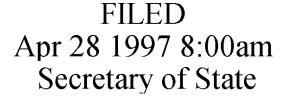
DOCUMENT # N22446

(1)

LAKE IN THE WOODS AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address





SHOREWIND MANAGEMENT 939 17TH ST. STE. #2R VERO BEACH FL 32960					33	SHOREWIND MANAGEMENT 333 17TH ST. STE. #2R VERO BEACH FL 32960-5686							3. Date Incorporated or Qualified 3a. Date 09/10/1987 03						te of 1	of Last Report 8/28/1996			
_	rincipal Pla	ncipal Place of Business					2a. Mailing Address						4. FEI Number 59-2793180						Applied For				
21	Suite Ant A	upt. #, etc.					Suite, Apt. #, etc.				38			39-2	72783 100				00	Not Applicabl \$8.75 Additional			
22	onite, Abt. a	r, 0 10.	27	<u> </u>						5. Certificate of S			of Sta	tus De	sired					(dditional quired	ı		
23 23	ity & State					City & State								ection C ust Fund		-	_	}]			May Be o Fees	
24 24	ip.	Country 25				Zip Count 30				intry				8. This corporation has liability for intangible tax under s. 1 Florida Statules Yes No							199.032,		
-71			1	Registered Agent						10. Name and Address of New Registered Agent										\dashv			
							·· · · · · · · · · · · · · · · · · · ·			81	Name)			· · · · · · · · · · · · · · · · · · ·							_	
	REXFORD, SARA									82	Stree	Addres	ss (P.O.	. Box Nu	ımber i	is Not	Ассер	table)					4
333 17TH ST. STE. #2R										83									·				\dashv
		ACH FL 3	2960							84	City			· · ·					FL	85	Zip (Code	\dashv
	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, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														đ								
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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 transped, or on an atrachment with an address.

OLONIATURE!

1-31-97