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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22446 (1) 1. Corporation Name LAKE IN THE WOODS AT VERO BEACH CONDOMINIUM ASSO CIATION, INC.

Principal Place of Business SHOREWIND MANAGEMENT 333 17TH ST. STE. #2R VERO BEACH FL 32960	Mailing Address SHOREWIND MANAGEMENT 333 17TH ST. STE. #2R VERO BEACH FL 32960
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2. Principal Place of Business 21 333 17th Street Suite, Apt. #, etc. 22 Suite 2-K City & State 23 Vero Beach, FL Zip Country 24 32960 25 US	2a. Mailing Address 26 333 17th Street Suite, Apt. #, etc. 27 Suite 2-K City & State 28 Vero Beach, FL Zip Country 29 32960 30 US
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9. Name and Address of Current Registered Agent REXFORD, SARA 333 17TH ST. STE. #2R VERO BEACH FL 32960

3. Date Incorporated or Qualified 09/10/1987	
4. FEI Number 59-2793180	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 333 17th Street 83 Suite 2-K 84 City Vero Beach 85 Zip Code FL 32960

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	
TITLE	<input type="checkbox"/> DELETE
NAME	D HESSEE, MARK
STREET ADDRESS	1900 WATERFORD DRIVE
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD BRIGHTMAN, CYNTHIA
STREET ADDRESS	1965 WESTMINSTER CIRCLE #2
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD MILNE, JOAN
STREET ADDRESS	1965 WEST MINISTER CIRCLE #7
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD HECK, GERRY
STREET ADDRESS	1954 WESTMINSTER CIRCLE
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD CLEM, ROBERT
STREET ADDRESS	1904 WESTMINSTER CIRCLE #3
CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD BRIGHTMAN, CYNTHIA
2.3 STREET ADDRESS	1965 Westminister Circle #2
2.4 CITY-ST-ZIP	Vero Beach, FL 32966
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD LULL, RICHARD
3.3 STREET ADDRESS	1967 Ansley Way #2
3.4 CITY-ST-ZIP	Vero Beach, FL 32966
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD PICCIOLO, MATTHEW
4.3 STREET ADDRESS	1820 Waterford Drive #6
4.4 CITY-ST-ZIP	Vero Beach, FL 32966
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD CLEM, ROBERT
5.3 STREET ADDRESS	1904 Westminister Circle #3
5.4 CITY-ST-ZIP	Vero Beach, FL 32966
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Cynthia Brightman* 2-4-98 562-562-4858

CR2E037 (10/97)