

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23956 (8)

1. Corporation Name

THE LINCOLN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 5946 MATANZAS DR SEBRING FL 33872 US		Mailing Address 5946 MATANZAS DR SEBRING FL 33872 US		3. Date Incorporated or Qualified 12/18/1987		3a. Date of Last Report 03/13/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2879574		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name			
JONES, JOHNNIE 5946 MATANZAS DR SEBRING FL 33872				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			
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 _____				DATE _____			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	TD			11 TITLE			
NAME	THOMPSON, SANDRA			12 NAME			
STREET ADDRESS	5950 MATANZAS DR.			13 STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL			14 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			21 TITLE			
NAME	WHITE, LOIS			22 NAME			
STREET ADDRESS	5942 MATANZAS DR.			23 STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL			24 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			31 TITLE			
NAME	JONES, JOHNNIE			32 NAME			
STREET ADDRESS	5946 MATANZAS DR.			33 STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL			34 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	SD			41 TITLE			
NAME	THOMPSON, ALLAN			42 NAME			
STREET ADDRESS	5950 MATANZAS DR			43 STREET ADDRESS			
CITY - ST - ZIP	SEBRING FL			44 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				51 TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				61 TITLE			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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: Allen Thompson, SD				3/20/96 (94A)382-7472			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

B2E037 (12/95)

0015420