


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24727** (2)

1. Corporation Name

**ALPINE MOBILE HOME PARK HOMEOWNERS ASSOCIATION O
F LAKE PLACID, INC.**

Principal Place of Business	Mailing Address
DECAUSSIN, ELMER 16 CLAY ST LAKE PLACID FL 33852 US	DECAUSSIN, ELMER 16 CLAY ST LAKE PLACID FL 33852 US VAUGHT WANDA

2. Principal Place of Business	2a. Mailing Address
21 ALPINE MOBILE	26 18 NORTH ST
22 Suite, Apt. #, etc. 18 CENTER ST	27 Suite, Apt. #, etc.
23 City & State LAKE PLACID FL	28 City & State LAKE PLACID
24 Zip 33852	25 Country HIGHLANDS
29 Zip 33852	30 Country HIGHLANDS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1988	3a. Date of Last Report 03/29/1996
4. FEI Number 59-2951494	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAYFIELD, CLYDE 2 PENNSYLVANIA AVE LAKE PLACID FL 33852		81 Name CRABILL L. MARTIN	
		82 Street Address (P.O. Box Number is Not Acceptable) 18 CENTER ST	
		83 City ALPINE MOBILE	
		84 City LAKE PLACID	
		85 Zip Code FL 33852	

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 **Martin & Crabill pva.** 7-30-97
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	P <input type="checkbox"/> DELETE	1.1 TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, CLYDE	1.2 NAME	CRABILL L. MARTIN
STREET ADDRESS	2 PENNSYLVANIA AVE	1.3 STREET ADDRESS	10 BRYAN
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	LAKE PLACID
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECAUSSIN, ELMER	2.2 NAME	ODELL, MELVIN
STREET ADDRESS	16 CLAY ST	2.3 STREET ADDRESS	13 CLAY
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	LAKE PLACID
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, DOLORES D	3.2 NAME	LAWSON DOLORES D
STREET ADDRESS	2 BRYAN STREET	3.3 STREET ADDRESS	1 CLAY
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	LAKE PLACID
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDY, ROBERT	4.2 NAME	VAUGHT, WANDA
STREET ADDRESS	11 BRYAN ST	4.3 STREET ADDRESS	18 NORTH
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	LAKE PLACID
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABILL, MARTIN	5.2 NAME	LEEDY ROBERT
STREET ADDRESS	10 BRYAN ST	5.3 STREET ADDRESS	11 BRYAN ST
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	LAKE PLACID
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL, MELVIN O.	6.2 NAME	REYNOLDS DONALD
STREET ADDRESS	13 CLAY ST	6.3 STREET ADDRESS	15 PENN ST
CITY-ST-ZIP	LAKE PLACID FL	6.4 CITY-ST-ZIP	LAKE PLACID

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 changed, or on an attachment with an address.