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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24745

1. Corporation Name

THE LAKE JULIANA LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

CLUB HOUSE
 LAKE JULIANA LANDINGS
 AUBURNDALE FL 33823
 US

Mailing Address

153 JULIANA BLVD.
 AUBURNDALE FL 33823
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b 418 CLUBHOUSE LANE		02/09/1988	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 Auburndale Florida		59-2874374	
24 Zip		29 33823		30 USA	
25 Country		31		32	

9. Name and Address of Current Registered Agent

SNOVER, THOMAS
 149 JULIANA BLVD.
 AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name Brownell, Harvey
 82 Street Address (P.O. Box Number is Not Acceptable)
 418 Clubhouse Lane
 83
 84 City Auburndale FL 85 Zip Code 33823

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

Harvey Brownell - President
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SNOVER, THOMAS D	1.2 NAME	Brownell, Harvey
STREET ADDRESS	149 JULIANA BLVD.	1.3 STREET ADDRESS	418 Clubhouse Lane
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	VPD	2.1 TITLE	VPD
NAME	BROWNELL, HARVEY	2.2 NAME	Detloff, Jerome
STREET ADDRESS	418 CLUBHOUSE LANE	2.3 STREET ADDRESS	154 Arianna Way
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	T	3.1 TITLE	
NAME	WILSON, LOLA F	3.2 NAME	
STREET ADDRESS	122 JULIANA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	SACKETT, BARBARA	4.2 NAME	
STREET ADDRESS	131 ARIANNA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRANNING, VERNA	5.2 NAME	
STREET ADDRESS	310 LOOKOUT CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROBBINS, BILLY	6.2 NAME	BILL Beck
STREET ADDRESS	305 LOOKOUT CIR	6.3 STREET ADDRESS	271 MARIANA DR
CITY-ST-ZIP	AUBURNDALE FL 33823	6.4 CITY-ST-ZIP	AUBURNDALE FL 33823

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, with all other like empowered.

SIGNATURE:

Lola Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

Date

941-984-1878

Daytime Phone #

CR2E037 (11/98)