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Feb 05 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 # N26328 (7)

1. Corporation Name
THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.

Principal Place of Business 6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656	Mailing Address 6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BAUMGARDNER, JUDY
4639 TANBARK ROAD
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified 05/09/1988	Applied For
4. FEI Number 59-2857724	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
V	MOODY, C.E.		
6574 BROOKLYN BAY RD	KEYSTONE HGTS. FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P	BAUMGARDNER, P. F.	2.1 TITLE	2.2 NAME
4639 TANBARK ROAD	JACKSONVILLE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
S	BAUMGARDNER, JUDY	3.1 TITLE	3.2 NAME
4639 TANBARK ROAD	JACKSONVILLE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
D	DUNN, SAMUEL O	4.1 TITLE	4.2 NAME
4651 HEADLEY ST	JACKSONVILLE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
D	HICKEN, DORIS	5.1 TITLE	5.2 NAME
4793 LANNIE RD.	JACKSONVILLE FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
D	OWENS, C W	6.1 TITLE	6.2 NAME
6520 WOODLAND DR	KEYSTONE HGTS. FL	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 of this report.

SIGNATURE *Philip F. Baumgardner* 1/17/98 904-233-2076

CR2E037 (10/97)