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97 JUL -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28593** (4)
1. Corporation Name
LAKESIDE OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 126 W. OAKSIDE DRIVE INTERLACHEN FL 32148 US	Mailing Address 126 W. OAKSIDE DR. INTERLACHEN FL 32148-4114 US
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2. Principal Place of Business 21 109 E OAKSIDE DR Suite, Apt. #, etc. 22 City & State 23 Interlachen, FL Zip 24 32148 Country 25 Putnam	2a. Mailing Address 26 RT 2 Box 482-D Suite, Apt. #, etc. 27 City & State 28 Interlachen, FL Zip 29 32148 Country 30 Putnam	3. Date Incorporated or Qualified 09/28/1988	3a. Date of Last Report 04/26/1996	4. FEI Number 59-2916366	Applied For <input type="checkbox"/> Not Applicable <input 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		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHIPP, FRANK 109 E. OAKSIDE DRIVE INTERLACHEN FL 32148		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

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	PD	1.1 TITLE	President
NAME	SHEFFIELD, CHRISTELL B.	1.2 NAME	SHIPP, FRANK
STREET ADDRESS	126 W. OAKSIDE DR.	1.3 STREET ADDRESS	109 E. OAKSIDE DR.
CITY-ST-ZIP	INTERLACHEN FL 32148	1.4 CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	SD	2.1 TITLE	VICE PRESIDENT
NAME	TRULL, SHANNA	2.2 NAME	CHRISTELL B. SHEFFIELD
STREET ADDRESS	104 E. OAKSIDE DR.	2.3 STREET ADDRESS	129 CYPRESS DR.
CITY-ST-ZIP	INTERLACHEN FL 32148	2.4 CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	D	3.1 TITLE	EMERGENCY TREASURER
NAME	SHIPP, FRANK	3.2 NAME	ELIZABETH SHIPP
STREET ADDRESS	109 E. OAKSIDE DR.	3.3 STREET ADDRESS	109 E. OAKSIDE DR.
CITY-ST-ZIP	INTERLACHEN FL 32148	3.4 CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

SIGNATURE

5-13-97 904

CR2E037 (9/96)

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This is a legible attachment to block 13.

Block

13

Additions/Changes To Officers and Directors In 12

1.1 Title	President -D	✓Change	Addition
1.2 Name	Shipp, Frank		
1.3 Street Address	109 E. Oakside Drive		
1.4 City-St-Zip	Interlachen, Fl 32148		
2.1 Title	Vice President -D	✓Change	Addition
2.2 Name	Sheffield, Christell B.		
2.3 Street Address	129 Cypress Drive		
2.4 City-St-Zip	East Palatka, Fl 322131		
3.1 Title	Secretary-Treasurer -D	✓Change	Addition
3.2 Name	Shipp, Elizabeth A		
3.3 Street Address	09 E. Oakside Drive		
3.4 City-St-Zip	Interlachen, Fl 32148		