

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra D. Motham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31621 (8)**  
1. Corporation Name  
**HOMEOWNERS OF LA CITA, PHASE II, INC.**



Principal Place of Business <b>C/O TOM HEMMINGWAY 2920 LA CITA LANE TITUSVILLE FL 32780</b>	Mailing Address <b>C/O TOM HEMMINGWAY 2920 LA CITA LANE TITUSVILLE FL 32780-3464</b>
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3. Date Incorporated or Qualified <b>04/10/1989</b>	3a. Date of Last Report <b>06/20/1996</b>
4. FEI Number <b>59-2949018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>LARRY CLARKE</b>	2a. Mailing Address 26 <b>LARRY CLARKE</b>
Suite, Apt. #, etc. 22 <b>740 LAKEWOOD LANE</b>	Suite, Apt. #, etc. 27 <b>740 LAKEWOOD LANE</b>
City & State 23 <b>Titusville, FL</b>	City & State 28 <b>Titusville, FL</b>
Zip 24 <b>32780</b>	Country 25 <b>USA</b>
Zip 29 <b>32780</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**HEMINGWAY, TOM  
2920 LA CITA LANE  
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name <b>LARRY CLARKE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>740 LAKEWOOD LANE</b>
83
84 City <b>Titusville</b>
85 Zip Code <b>FL 32780</b>

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: LARRY CLARKE 5-28-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>HEMINGWAY, TOM</b>	
STREET ADDRESS <b>2920 LA CITA LANE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HUNTER, GEORGIA</b>	
STREET ADDRESS <b>3000 LA CITA LANE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KETTERER, VICKI</b>	
STREET ADDRESS <b>650 LAKEWOOD LANE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HUNTER, GEORGIA</b>	
STREET ADDRESS <b>3000 LA CITA LANE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>BROCK, GARVIN</b>	
STREET ADDRESS <b>730 WINTERGREEN LANE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CLARKE, LARRY</b>	
STREET ADDRESS <b>740 LAKEWOOD LANE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>CLARKE, LARRY</b>	
1.3 STREET ADDRESS <b>740 LAKEWOOD LANE</b>	
1.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>BROCK, GARVIN</b>	
2.3 STREET ADDRESS <b>730 WINTERGREEN LANE</b>	
2.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Cecil O'BRYAN</b>	
3.3 STREET ADDRESS <b>3070 LA CITA LANE</b>	
3.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>JACKIE HENDRIX</b>	
4.3 STREET ADDRESS <b>2900 LA CITA LANE</b>	
4.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>HEMINGWAY, TOM</b>	
5.3 STREET ADDRESS <b>2920 LA CITA LANE</b>	
5.4 CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]

CR2E037 (9/96)