

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 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 # N31621 (8)
 1. Corporation Name
HOMEOWNERS OF LA CITA, PHASE II, INC.



Principal Place of Business		Mailing Address	
CLARKE, LARRY 740 LAKEWOOD LANE TITUSVILLE FL 32780 US		CLARKE, LARRY 740 LAKEWOOD LANE TITUSVILLE FL 32780 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified	04/10/1989	
4. FEI Number	59-2949018	Applied For / 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLARKE, LARRY
740 LAKEWOOD LANE
TITUSVILLE FL 32780

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 1998	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEMMINGWAY, TOM	1.2 NAME	Reinhardt, David
STREET ADDRESS	2920 LA CITA LANE	1.3 STREET ADDRESS	750 Lakewood
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, Fl.
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRYAN, CECIL	2.2 NAME	
STREET ADDRESS	3070 LA CITA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, JACKIE	3.2 NAME	
STREET ADDRESS	2900 LA CITA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, GARVIN	4.2 NAME	
STREET ADDRESS	730 WINTERGREEN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, LARRY	5.2 NAME	
STREET ADDRESS	740 LAKEWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-17-98 407 268 9038

CR2E037 (10/97)