

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31662** (2)
1. Corporation Name
LAKE SUZY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
12879 SW KINGS ROW LAKE SUZY FL 33821 US

3. Date Incorporated or Qualified **04/11/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **65-0259307** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BUNTEMAYER, JOHN, H
12879 SW KINGS ROW
LAKE SUZY FL 33821**

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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, ERIC	1.2 NAME	SOTO, LUIS
STREET ADDRESS	12524 SHER AVE	1.3 STREET ADDRESS	12976 S.W. David Drive
CITY-ST-ZIP	LAKE SUZY FL XXXX	1.4 CITY-ST-ZIP	Lake Suzy, Fl.
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLINDMEIER, FRANK	2.2 NAME	
STREET ADDRESS	11792 S.W. COURTLY MANOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL	2.4 CITY-ST-ZIP	
TITLE	XD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, MARIA	3.2 NAME	Gustafson, Ralph
STREET ADDRESS	12524 SW DAVID DR	3.3 STREET ADDRESS	12943 S.W. David Drive
CITY-ST-ZIP	LAKE SUZY FL	3.4 CITY-ST-ZIP	Lake Suzy, Fl.
TITLE	XD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUVER, GARY C.	4.2 NAME	
STREET ADDRESS	12667 S.W. SUZY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTEMAYER, JOHN H	5.2 NAME	
STREET ADDRESS	12879 SW KINGS ROW	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John H. Buntmeyer John H. Buntmeyer 4/25/96 941-629-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)