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



Principal Place of Business 12879 SW KINGS ROW LAKE SUZY FL 33821 US	Mailing Address 12879 SW KINGS ROW LAKE SUZY FL 33821 US
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3. Date Incorporated or Qualified 04/11/1989	
4. FEI Number 65-0258307	Applied For <input type="checkbox"/> Not Applicable
6. 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	

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. 34266	29. 34266
Country	Country
25.	30.

9. Name and Address of Current Registered Agent

BUNTEMAYER, JOHN, H
12879 SW KINGS ROW
LAKE SUZY FL 34266

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
	FL

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOTO, LUIS	
STREET ADDRESS	12976 SW DAVID DR	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLINDMEIER, FRANK	
STREET ADDRESS	11792 S.W. COURTLY MANOR DRIVE	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, RALPH	
STREET ADDRESS	12943 SW DAVID DRIVE	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAUVER, GARY C.	
STREET ADDRESS	12887 S.W. SUZY AVE.	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUNTEMAYER, JOHN H	
STREET ADDRESS	12879 SW KINGS ROW	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joyce Houser	
1.3 STREET ADDRESS	11725 S.W. Dallas Drive	
1.4 CITY-ST-ZIP	Lake Suzy, Fl. 34266	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Urbanek, Janice	
4.3 STREET ADDRESS	12932 S.W. David Drive	
4.4 CITY-ST-ZIP	Lake Suzy, Fl. 34266	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *John H. Buntmeyer* **John H. Buntmeyer 4/16/98 941-629-2557**

CR2E037 (10/97)