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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32284 (4)
1. Corporation Name
LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business PO BOX 37331 TALLAHASSEE FL 32315	Mailing Address PO BOX 37331 TALLAHASSEE FL 32315-7331
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3. Date Incorporated or Qualified 05/12/1989	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	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
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 WOERNER, RICHARD 4538 AUTUMN WOOD WAY TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent 81 Name: Richard Kneer 82 Street Address (P.O. Box Number is Not Acceptable): 5658 Lunker Lane 83 City: Tallahassee 84 State: FL 85 Zip Code: 32303

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1-6-97

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WOERNER, RICHARD
STREET ADDRESS	4538 AUTUMN WOODWAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	WILLIAMS, SUSAN
STREET ADDRESS	4408 WIDGEN WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	T
NAME	GREEN, MAX
STREET ADDRESS	5624 MAPLE FOREST DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	SWARTZ, PAT
STREET ADDRESS	5636 MOSSY TOP WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Richard Kneer
1.3 STREET ADDRESS	5658 Lunker Lane
1.4 CITY-ST-ZIP	Tallahassee FL 32303
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-6-97 487-7538

CR2E037 (9/96)