

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 # N33603 (4)

1. Corporation Name
LEONTERRA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**4592 BERKLE DR.
% V. WILLIAMS
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified **08/07/1989** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4584 Berklie Dr.** 26 **4584 Berklie Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **40 K. Lux** 27 **40 K. Lux**
City & State City & State
23 **Tallahassee FL** 28 **Tallahassee FL**
Zip Country Zip Country
24 **32308** 25 Country 29 **32308** 30 Country

4. FEI Number **59-3009010** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, VIOLA F.
4592 BERKLE DR.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent
81 Name **Kenneth Lux**
82 Street Address (P.O. Box Number is Not Acceptable) **4584 Berklie Drive**
83 **Tallahassee**
84 City **Tallahassee** 85 Zip Code **FL 32308**

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]* DATE **4.9.96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUX, KENNETH	
STREET ADDRESS	4584 BERKLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GORAN, PETER	
STREET ADDRESS	4580 BERKLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VIOLA F.	
STREET ADDRESS	4592 BERKLE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *[Signature]* **Kenneth Lux, President** **4.9.96** **904 386-9395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)