


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 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 # N35321 (1)
1. Corporation Name
LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.



Principal Place of Business PO BOX 351493 PALM COAST FL 32135-4493 US	Mailing Address PO BOX 351493 PALM COAST FL 32135-1493 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 04/18/1996
21	26	4. FEI Number 59-2646030	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**WHITE, WILLIAM A
PALM COAST PROPERTY MANAGEMENT
296 PALM COAST PKWY NE
PALM COAST FL 32137**

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: *William A. White* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, CAROL	1.2 NAME	
STREET ADDRESS	88 LAKE FOREST PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, GEORGE	2.2 NAME	
STREET ADDRESS	88 LAKE FOREST PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPSHIRE, PAUL	3.2 NAME	
STREET ADDRESS	92 LAKE FOREST PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ERIC	4.2 NAME	
STREET ADDRESS	78 LAKE FOREST PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOELKOPF, GWENDOLYN	5.2 NAME	
STREET ADDRESS	10 LAKE FOREST N CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	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 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: *Gwendolyn Schoelkopf* 4-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6002618

CR2E037 (9/96)