


FILE NOW: FILING FEE IS \$61.25

FILED

May 23 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 # **N38474** (5)
1. Corporation Name
LIONS DEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1208 LION'S DEN DRIVE GREEN COVE SPRINGS FL 32043	Mailing Address 1208 LION'S DEN DRIVE GREEN COVE SPRINGS FL 32043-4816
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3. Date Incorporated or Qualified 06/04/1990	3a. Date of Last Report 10/07/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 1196 LIONS DEN DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 1196 LIONS DEN DRIVE Suite, Apt. #, etc.
22 City & State 23 GREEN COVE SPRINGS, FL Zip 24 32043 Country 25	27 City & State 28 GREEN COVE SPRINGS, FL Zip 29 32043 Country 30

9. Name and Address of Current Registered Agent DICKERSON, RICHARD 1208 LIONS DEN DRIVE GREEN COVE SPRINGS FL 32043	10. Name and Address of New Registered Agent 81 Name MAYER, BERNARD E. 82 Street Address (P.O. Box Number is Not Acceptable) 1196 LIONS DEN DRIVE 83 84 City GREEN COVE SPRINGS FL 85 Zip Code 32043
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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 **BERNARD E. MAYER** (NOTE: Registered Agent signature required when registering) DATE **5/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARN, GARY 1195 LIONS DEN DRIVE GREEN COVE SPRGS FL 32043 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD DICKERSON, RICHARD 1208 LIONS DEN DRIVE GREEN COVE SPRGS FL 32043 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOCKERSMITH, TIM 1213 LIONS DEN DRIVE GREEN COVE SPRGS FL 32043 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **B. E. Mayer** **5/1/97** 904-529-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000613

CR2E037 (9/96)