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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38474

1. Corporation Name

LIONS DEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1196 LOINS DEN DRIVE  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

1196 LIONS DEN DRIVE  
GREEN COVE SPRINGS FL 32043  
US



2. Principal Place of Business

21 1202 LIONS DEN DR

Suite, Apt. #, etc.

22 GREEN COVE SPRINGS

City & State

23 FL

24 Zip 32043

Country US

25 CLAY

2a. Mailing Address

26 1202 LIONS DEN DR

Suite, Apt. #, etc.

27 GREEN COVE SPRINGS FL

City & State

28 FL

29 Zip 32043

Country USA

3. Date Incorporated or Qualified

06/04/1990

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MAYER, BERNARD E  
1196 LIONS DEN DRIVE  
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name PAUL J. HAUGHT

82 Street Address (P.O. Box Number is Not Acceptable)  
1202 LIONS DEN DR

83

84 City GREEN COVE SPRINGS FL 85 Zip Code 32043

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 *Paul J. Haught*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 30, 99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARNS, GARY  
STREET ADDRESS 1195 LIONS DEN DRIVE  
CITY-ST-ZIP GREEN COVE SPRGS FL 32043

TITLE SVD  
NAME MAYER, BERNARD E  
STREET ADDRESS 1196 LIONS DEN DRIVE  
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE TD  
NAME HAUGHT, PAUL  
STREET ADDRESS 1202 LIONS DEN DR  
CITY-ST-ZIP GREEN COVE SPRGS FL 32043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 99

284-2147

Date

Daytime Phone #

CR2E037 (11/98)