

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 # **N39302** (7)
1. Corporation Name
ROUND LAKE ASSOCIATION, INC.



Principal Place of Business: **17316 LINDA VISTA CIRCLE LUTZ FL 33549**
Mailing Address: **17316 LINDA VISTA CIRCLE LUTZ FL 33549**

3. Date Incorporated or Qualified: **07/24/1990**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business 17326 LINDA VISTA CIR.	22	Suite, Apt. #, etc.	26	2a. Mailing Address 17326 LINDA VISTA CIR.	27	Suite, Apt. #, etc.	4.	FEI Number 59-3011589	Applied For	<input type="checkbox"/>	Not Applicable
23	City & State LUTZ FL	28	City & State LUTZ FL	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	
24	Zip 33549	25	Country HILLSBOROUGH	29	Zip 33549	30	Country HILLSBOROUGH	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent MCMANUS, JAMES 17326 LINDA VISTA CIR. LUTZ FL 33549				10. Name and Address of New Registered Agent			
81	Name			85	Zip Code		
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	P President	1.1 TITLE	Director
NAME	STEINMETZ, RICHARD A	1.2 NAME	DAME E.S.
STREET ADDRESS	3701 BERGER RD	1.3 STREET ADDRESS	17328 LINDA VISTA CIRCLE
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	S Secretary	2.1 TITLE	MARY RUSS Director
NAME	ELCHORN VON WYRMB, EDDIE	2.2 NAME	17324 LINDA VISTA CIRCLE
STREET ADDRESS	17325 LINDA VISTA CIRCLE	2.3 STREET ADDRESS	LUTZ FL 33549
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	D	3.1 TITLE	KINTZEL IRENE Director
NAME	HOOPER, LEE	3.2 NAME	17320 LINDA VISTA CIRCLE
STREET ADDRESS	17316 LINDA VISTA CIR.	3.3 STREET ADDRESS	LUTZ FL 33549
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	T. Treas.	4.1 TITLE	
NAME	MCMANUS, JAMES W.	4.2 NAME	
STREET ADDRESS	17326 LINDA VISTA CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	D Director	5.1 TITLE	
NAME	DEPAULA, CARMEN	5.2 NAME	
STREET ADDRESS	3820 LITTLE ROAD	5.3 STREET ADDRESS	500001869875
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	-06/20/96--01069--008
TITLE	VP Vice Pres.	6.1 TITLE	
NAME	PRINCE, E.F.	6.2 NAME	
STREET ADDRESS	3703 BERGER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES W. MCMANUS**
Date: **4-26-96** Daytime Phone #: **8139611742**

CR2E037 (12/95)