

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 16 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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      Mailing Address  
**17326 LINDA VISTA CIRCLE  
LUTZ FL 33549**      **17326 LINDA VISTA CIRCLE  
LUTZ FL 33549-4706**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/24/1990**      **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3011589		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		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCMANUS, JAMES 17326 LINDA VISTA CIR. LUTZ FL 33549</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEINMETZ, RICHARD A</b>	1.2 NAME	
STREET ADDRESS	<b>3701 BERGER RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELCHORN VON WYRMB, EDDIE</b>	2.2 NAME	<b>MAGY, RUSS</b>
STREET ADDRESS	<b>17325 LINDA VISTA CIRCLE</b>	2.3 STREET ADDRESS	<b>17324 LINDA VISTA CIR</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	2.4 CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAME, E.S.</b>	3.2 NAME	<b>SNOW PATTY</b>
STREET ADDRESS	<b>17328 LINDA VISTA CIR.</b>	3.3 STREET ADDRESS	<b>17380 LINDA VISTA CIR.</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	3.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCMANUS, JAMES W.</b>	4.2 NAME	<b>SCHATZEL ROGER</b>
STREET ADDRESS	<b>17326 LINDA VISTA CIR.</b>	4.3 STREET ADDRESS	<b>17316 LINDA VISTA CIR.</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	4.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEPAULA, CARMEN</b>	5.2 NAME	
STREET ADDRESS	<b>3820 LITTLE ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINTZEL, IRENE</b>	6.2 NAME	
STREET ADDRESS	<b>17320 LINDA VISTA CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	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: *James W. McManus* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MCMANUS** 4/28/97 813-961-1942  
Date Daytime Phone # 0045927

CFR2E037 (9/96)