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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39302 (7)

1. Corporation Name
ROUND LAKE ASSOCIATION, INC.



Principal Place of Business 17326 LINDA VISTA CIRCLE LUTZ FL 33549	Mailing Address 17326 LINDA VISTA CIRCLE LUTZ FL 33549
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3. Date Incorporated or Qualified
07/24/1990

4. FEI Number
59-3011589

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25 Country	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0602 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEINMETZ, RICHARD A	
STREET ADDRESS	3701 BERGER RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELCHORN VON WYRMB, EDDIE	
STREET ADDRESS	17325 LINDA VISTA CIRCLE	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAME, E.S.	
STREET ADDRESS	17328 LINDA VISTA CIR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCMANUS, JAMES W.	
STREET ADDRESS	17328 LINDA VISTA CIR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEPAULA, CARMEN	
STREET ADDRESS	3820 LITTLE ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MACY, RUSS	
STREET ADDRESS	17324 LINDA VISTA CIR.	
CITY-ST-ZIP	LUTZ FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHATZEL, ROGER	
1.3 STREET ADDRESS	17316 LINDA VISTA CIR	
1.4 CITY-ST-ZIP	LUTZ, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MACY, RUSS	
2.3 STREET ADDRESS	17324 LINDA VISTA CIR.	
2.4 CITY-ST-ZIP	LUTZ, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SNOW, PATTY	
3.3 STREET ADDRESS	17330 LINDA VISTA CIR.	
3.4 CITY-ST-ZIP	LUTZ, FL.	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEINMETZ, RICHARD A.	
4.3 STREET ADDRESS	3701 BERGER RD.	
4.4 CITY-ST-ZIP	LUTZ, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HASKEW, ALAN	
6.3 STREET ADDRESS	17312 LINDA VISTA CIR.	
6.4 CITY-ST-ZIP	LUTZ, FL	

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.

SIGNATURE: _____ **4/28/98** **813-961-1242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)