


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90008 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N39302

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



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/24/1990
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3011589
23	City & State	City & State	Applied For Not Applicable
24	Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCMANUS, JAMES 17326 LINDA VISTA CIR. LUTZ FL 33549		81 Name Roger Schatzel	85 Zip Code 33549
		82 Street Address (P.O. Box Number is Not Acceptable) 17316 Linda Vista Circle	
		83	
		84 City Lutz	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 *Roger P. Schatzel* Roger P. Schatzel President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATZEL, ROGER	1.2 NAME	
STREET ADDRESS	17316 LINDA VISTA CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACY, RUSS	2.2 NAME	
STREET ADDRESS	17324 LINDA VISTA CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, PATTY	3.2 NAME	Dame Woody
STREET ADDRESS	17330 LINDA VISTA CIR	3.3 STREET ADDRESS	17328 Linda Vista Circle
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, RICHARD A	4.2 NAME	
STREET ADDRESS	3701 BERGER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPAULA, CARMEN	5.2 NAME	
STREET ADDRESS	3820 LITTLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKEW, ALAN	6.2 NAME	
STREET ADDRESS	17312 LINDA VISTA CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	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: *Roger P. Schatzel* SIGNATURE REQUIRED 7/21/99 (813) 884-1010 x19128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)