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May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41143 (1)

1. Corporation Name

LAKE DRAWDY TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O VERES, SHARON
17110 DRAWDY CT.
ORLANDO FL 32820

C/O VERES, SHARON
17110 DRAWDY CT.
ORLANDO FL 32820

3. Date Incorporated or Qualified

11/30/1990

4. FEI Number

59-3085802

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERES, SHARON
17110 DRAWDY CT.
ORLANDO FL 32820

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 617.0502 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

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 DP
NAME BUCKMAN, DANIEL
STREET ADDRESS 17101 LAKE DRAWDY CT
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME LAMAR, MARY RYBOLT
STREET ADDRESS 3611 LAKE DRAWDY DR.
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME VERES, LESLIE WILLIAM
STREET ADDRESS 17110 DRAWDY CT.
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME WEIR, RANDALL P.
STREET ADDRESS 17117 DRAWDY COURT
CITY-ST-ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME PLANETA, LAURIE LAINE B.
STREET ADDRESS 3632 LAKE DRAWDY DR.
CITY-ST-ZIP ORLANDO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME VERSES, SHARON
STREET ADDRESS 17110 DRAWDY CT.
CITY-ST-ZIP ORLANDO FL

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.

SIGNATURE:

[Handwritten Signature]

4/30/98

CR2E037 (10/97)