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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42165					
1. Corporation Name LAKE JOANNA IMPROVEMENT LEAGUE, INC.					
Principal Place of Business 333547 COUNTY RD 44-B EUSTIS FL 32736 US			Mailing Address 333547 COUNTY RD 44-B EUSTIS FL 32736 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/19/1991 4. FEI Number 59-3140059 Applied For Not Applicable 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	
9. Name and Address of Current Registered Agent ROGERS, PAT 33629 WESLEY RD EUSTIS FL 32736				10. Name and Address of New Registered Agent 81 Name IRWIN SIEGEL 82 Street Address (P.O. Box Number is Not Acceptable) 33417 COUNTY RD. 44B 83 84 City EUSTIS FL 85 Zip Code 32736	
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 <i>Irwin B. Siegel</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE S <input type="checkbox"/> DELETE NAME DEAN, DEVERN STREET ADDRESS 33547 C.R. 44-B CITY-ST-ZIP EUSTIS FL TITLE P <input checked="" type="checkbox"/> DELETE NAME ROGERS, PAT STREET ADDRESS 33629 WESLEY RD CITY-ST-ZIP EUSTIS FL TITLE T <input type="checkbox"/> DELETE NAME BRADNER, MICHAEL STREET ADDRESS 33616 WESLEY RD. CITY-ST-ZIP EUSTIS FL TITLE D <input type="checkbox"/> DELETE NAME VANLANDINGHAM, DEAN STREET ADDRESS 33469 E. LAKE JOANNA DRIVE CITY-ST-ZIP EUSTIS FL TITLE D <input type="checkbox"/> DELETE NAME WILSON, DANIEL STREET ADDRESS 33405 WESLEY RD CITY-ST-ZIP EUSTIS FL TITLE <input checked="" type="checkbox"/> DELETE NAME BARR, GENE STREET ADDRESS 33508 WESLEY RD CITY-ST-ZIP EUSTIS FL				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME IRWIN SIEGEL 2.3 STREET ADDRESS 33417 COUNTY RD 44B 2.4 CITY-ST-ZIP EUSTIS FL 32736 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME VP 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)