

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 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 # N47478 (5)
1. Corporation Name
LAKEWOOD RANCH CORPORATE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
6215 LORRAINE ROAD BRADENTON FL 34202

3. Date Incorporated or Qualified 02/20/1992
4. FEI Number 65-0329869
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CHIOFALO, ANTHONY J 7550 LORRAINE RD BRADENTON FL 34202	10. Name and Address of New Registered Agent
	81 Name Roger Postlethwaite
	82 Street Address (P.O. Box Number is Not Acceptable) 6215 Lorraine Rd
	83
	84 City Bradenton FL 85 Zip Code 34202

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, 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, REX	1.2 NAME	
STREET ADDRESS	6215 LORRAINE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CARROLL, MARY FRAN	2.2 NAME	
STREET ADDRESS	6215 LORRAINE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD CLARKE, JOHN	3.2 NAME	
STREET ADDRESS	6215 LORRAINE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	President + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Postlethwaite, ROGER	4.2 NAME	
STREET ADDRESS	6215 LORRAINE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Robert E. Furlong
STREET ADDRESS		5.3 STREET ADDRESS	6215 Lorraine Rd, Bradenton
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secty + Treasurer + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	K. W. KRAVICH
STREET ADDRESS		6.3 STREET ADDRESS	6215 Lorraine Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bradenton FL 34202

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: 

CR2E037 (10/97)