

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48194 (7)
 1. Corporation Name
LAKESIDE OAKS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 36450 SHADY OAKS DRIVE DADE CITY FL 33525 US	Mailing Address 36450 SHADY OAKS DRIVE DADE CITY FL 33525 US
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3. Date Incorporated or Qualified 04/02/1992	3a. Date of Last Report 02/03/1995
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HORN, CLARENCE 36450 SHADY OAKS DRIVE DADE CITY FL 33525-8544	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, CLARENCE	12 NAME	
STREET ADDRESS	36450 SHADY OAKS DR.	13 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLMAN, IRVING R	22 NAME	
STREET ADDRESS	36305 SHADY OAKS DR.	23 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	24 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOURA, WALTER	32 NAME	COOPER, JERRY
STREET ADDRESS	36250 OLEANDER LN	33 STREET ADDRESS	36332 LAUREL LANE
CITY - ST - ZIP	DADE CITY FL	34 CITY - ST - ZIP	DADE CITY, FL.
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VERA	42 NAME	
STREET ADDRESS	36451 OLEANDER LANE	43 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CHRISTINE	52 NAME	
STREET ADDRESS	36422 LAUREL LANE	53 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: CLARENCE HORN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-39-96 352-367-1640
 Date Daytime Phone

CR2E037 (12/95)