

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Jul 30 1996 8:00 am
 Secretary of State

DOCUMENT # N93000004961 (9)

1. Corporation Name
 SHOPPES OF LAKE VILLAGE MERCHANTS ASSOCIATION IN C.



Principal Place of Business Mailing Address
 % REALTY MANAGEMENT 2664 ALAMEDA DRIVE EUSTIS FL 32726

3. Date Incorporated or Qualified 10/28/1993
 3a. Date of Last Report 07/10/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number 65-0458580 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 NEWTON, ROBERT G
 2864 ALAMEDA DRIVE
 EUSTIS FL 32726

10. Name and Address of New Registered Agent
 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 Robert G. Newton DATE 7/26/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	STAELENS, PAULA	
STREET ADDRESS	10601 US 441 C-18	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	DELETED
NAME	DOE, JOAN	
STREET ADDRESS	10601 US 441 C-2	
CITY-ST-ZIP	LEESBURG FL	
TITLE	STD	DELETED
NAME	MORRIS, VICKI	
STREET ADDRESS	8931 NORTH FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETED
NAME	NEWTON, ROBERT E	
STREET ADDRESS	2864 ALAMEDA DRIVE	
CITY-ST-ZIP	EUSTIS FL 32728	
TITLE	D	DELETED
NAME	DEPANICIS, GRIMM	
STREET ADDRESS	10601 HIGHWAY 444 A3-4	
CITY-ST-ZIP	LEESBURG FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Change	Addition

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 I am named, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 7/26/96 DAYTIME PHONE: 402-539-5529
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)