

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004961 (9)**  
1. Corporation Name  
**SHOPPES OF LAKE VILLAGE MERCHANTS ASSOCIATION IN C.**



Principal Place of Business <b>% REALTY MANAGEMENT 2864 ALAMEDA DRIVE EUSTIS FL 32726</b>	Mailing Address <b>% REALTY MANAGEMENT 2864 ALAMEDA DRIVE EUSTIS FL 32726</b>
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3. Date Incorporated or Qualified <b>10/28/1993</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>65-0458580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	22 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.
23	28 City & State	29	30 City & State
24	25 Zip Country	29	30 Zip Country

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

10. Name and Address of New Registered Agent

81 Name <b>"E"</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEFOE, JOAN</b>	1.2 NAME	<b>Andy Saiegnant</b>
STREET ADDRESS	<b>10601 US 441 C-2</b>	1.3 STREET ADDRESS	<b>10601 US 441</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	<b>Leesburg, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>EXECUTIVE OFFICER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEWTON, ROBERT E</b>	2.2 NAME	
STREET ADDRESS	<b>2864 ALAMEDA DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEPANICIS, GRIMM</b>	3.2 NAME	
STREET ADDRESS	<b>10601 HIGHWAY 444 A3-4</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAT Smith</b>	4.2 NAME	
STREET ADDRESS	<b>1733 W. Fletcher Ave</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tampa, FL 33610</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ **1/16/97** 407-539-5529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date Daytime Phone # 0077748

CR2E037 (9/96)