

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001613 (8)**

1. Corporation Name

**THE LAKE AT PARISH PINES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**105 AUBURN AVENUE  
FORT WALTON BEACH FL 32547**

Mailing Address

**105 AUBURN AVENUE  
FORT WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/31/1994**

3a. Date of Last Report

**02/01/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**WHITWORTH, LEO A JR.  
105 AUBURN AVENUE  
FORT WALTON BEACH FL 32547**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DP**

☐ DELETE

NAME

**WHITWORTH, LEO A JR.**

STREET ADDRESS

**105 AUBURN AVENUE**

CITY-ST-ZIP

**FT WALTON BEACH FL 32547**

TITLE

**OV**

☐ DELETE

NAME

**TOUCHSTONE, W. RAY JR.**

STREET ADDRESS

**220 S.E. EGLIN PARKWAY, #2**

CITY-ST-ZIP

**FT WALTON BEACH FL 32548**

TITLE

**DST**

☐ DELETE

NAME

**GARRETT, B.E.**

STREET ADDRESS

**105 AUBURN AVENUE**

CITY-ST-ZIP

**FT WALTON BEACH FL 32547**

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 42 or Block 43 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-97

Date

(904) 862-6861

Daytime Phone # 0011628

CR2E037 (4/97)