

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002790 (3)

1. Corporation Name

COALITION OF LAKE ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

309 LAKE HOBBS RD
LUTZ FL 33549
US

P OBOX 2360
LAND O' LAKES FL 34639
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
04/08/1996

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

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTER, J MEREDITH
100 N TAMPA ST
STE 2120
TAMPA FL 33602

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

J. Meredith Wester

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME GOTTSCHALK, PETER
STREET ADDRESS 4824 KING OF LAKE DR
CITY-ST-ZIP LAND OF LAKES FL

TITLE VP ☐ DELETE
NAME WILLIAMS, JUDY
STREET ADDRESS 1710 DALQUIRI LANE
CITY-ST-ZIP LUTZ FL

TITLE S ☒ DELETE
NAME ELLIS, PAULINE
STREET ADDRESS 18334 ANAHEIM DR
CITY-ST-ZIP SPRING HILL FL

TITLE TD ☐ DELETE
NAME WESTER, J MEREDITH
STREET ADDRESS 309 LAKE HOBBS RD
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE
NAME HART, EILEEN
STREET ADDRESS 16921 CRAWLEY RD
CITY-ST-ZIP ODESSA FL

TITLE D ☐ DELETE
NAME ALEXANDER, BILL
STREET ADDRESS 5235 CONNER DR
CITY-ST-ZIP LAND OF LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME WILLIAMS, JUDY
1.3 STREET ADDRESS 1710 DALQUIRI LANE
1.4 CITY-ST-ZIP LUTZ, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME HENRY, JACK
3.3 STREET ADDRESS 18706 LAKE SHORE DRIVE
3.4 CITY-ST-ZIP LUTZ, FL

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Meredith Wester*

9-10-97 (813) 221-8022

CP2E037 (4/97)