

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N95000000897 (7)

1. Corporation Name

LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

276 LEWIS CIRCLE
 PUNTA GORDA FL 33950

Mailing Address

276 LEWIS CIRCLE
 PUNTA GORDA FL 33950

2. Principal Place of Business

2a. Mailing Address

21 |
 22 |
 23 |
 24 |

Suite, Apt #, etc.

City & State

Zip Country

26 |
 27 |

Suite, Apt #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

KEESLING, KLINTON
 276 LEWIS CIRCLE
 UNIT 111
 PUNTA GORDA FL 33950

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	[] DELETE
NAME	KEESLING, KLINTON	
STREET ADDRESS	276 LEWIS CIRCLE, UNIT 111	
CITY-STATE-ZIP	PUNTA GORDA FL 33950	
TITLE	DVST	[] DELETE
NAME	ZECKSER, TERRY	
STREET ADDRESS	276 LEWIS CIRCLE, UNIT 111	
CITY-STATE-ZIP	PUNTA GORDA FL	
TITLE	DV	[] DELETE
NAME	HATCH, JOHN	
STREET ADDRESS	1684 BLUE LAKE CIRCLE	
CITY-STATE-ZIP	PORT CHARLOTTE FL 33952	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

14. I 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: *K Clinton*
 SIGNATURE AND TYPE I OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-98
 Date

941-684-3166
 Daytime Phone #

CR2E037 (5/98)