

FILE NOW: FILING FEE IS \$61.25

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Apr 03 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 # **N95000002585 (6)**

1. Corporation Name

**LAKE CRESCENT PINES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<del>890 STATE ROAD 434 NORTH</del> <del>ALTAMONTE SPRINGS FL 32714</del>	<del>890 STATE ROAD 434 NORTH</del> <del>ALTAMONTE SPRINGS FL 32714-7013</del>

2. Principal Place of Business	2a. Mailing Address
21 2909 W SR 434 Suite, Apt. #, etc.	26 2909 W SR 434 Suite, Apt. #, etc.
22 SUITE 121/131 City & State	27 Suite 121-131 City & State
23 LONGWOOD FL Zip	28 Longwood, FL Zip
24 32779 Country	29 32779 Country
25 SEMINOLE	30 SEMINOLE

3. Date Incorporated or Qualified <b>05/25/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3323126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>FREEDMAN, JEROME B</b> <del>890 STATE ROAD 434 NORTH</del> <del>ALTAMONTE SPRINGS FL 32714</del>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2909 W SR 434
83 Suite	Suite 121-131
84 City	Longwood
85 Zip Code	FL 32779

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	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	GOODMAN, BARRY S
STREET ADDRESS	890 STATE ROAD 434 NORTH
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	SD <input type="checkbox"/> DELETE
NAME	BIEDERMAN, ROBERT A
STREET ADDRESS	890 STATE ROAD 434 NORTH
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VD <input type="checkbox"/> DELETE
NAME	FREEDMAN, JEROME B
STREET ADDRESS	890 STATE ROAD 434 NORTH
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2909 W SR 434 Suite 121-131
1.4 CITY - ST - ZIP	Longwood FL 32779
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2909 W SR 434 Suite 121-131
2.4 CITY - ST - ZIP	Longwood, FL 32779
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2909 W SR 434 Suite 121-131
3.4 CITY - ST - ZIP	Longwood, FL 32779
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____	3/31/97	407-786-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone # 0013148		

CR2E037 (9/96)