

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).

FILED
Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002066 (6)

1. Corporation Name

LAKE CONWAY ATHLETIC ASSOCIATION, INC.



Principal Place of Business 523 WEST COLONIAL DRIVE ORLANDO FL 32804		Mailing Address 523 WEST COLONIAL DRIVE ORLANDO FL 32804		3. Date Incorporated or Qualified 04/15/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3377766	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MALONE, J. MICHAEL 523 WEST COLONIAL DRIVE ORLANDO FL 32804				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN, THOMAS	1.2 NAME	
STREET ADDRESS	12351 KENTON COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	AC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, CRAIG	2.2 NAME	Angelia Hurst
STREET ADDRESS	5200 CELESTINE OAKS DR.	2.3 STREET ADDRESS	4658 Camanter Dr, Apt 812
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOD, PAULA	3.2 NAME	Panda Gisson
STREET ADDRESS	12302 KIRBY SMITH ROAD	3.3 STREET ADDRESS	3633 E. Kaley Ave
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, RITA	4.2 NAME	Derese Shackelford
STREET ADDRESS	2573 CHAR ST	4.3 STREET ADDRESS	608 S. Conway Rd, Apt E
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELUEAU, KATHY	5.2 NAME	Michael Cosgrove
STREET ADDRESS	3415 WINDY WOOD DRIVE	5.3 STREET ADDRESS	3213 Brumby Deep Ct
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELUEAU, MIKE	6.2 NAME	Christina Cosgrove
STREET ADDRESS	3415 WINDY WOOD DRIVE	6.3 STREET ADDRESS	3213 Brumby Deep Ct
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32837

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/98

Date

645-4049

Daytime Phone #

CR2E037 (5/98)