

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002390 (0)

1. Corporation Name

LAKE MYSTIC NEIGHBORHOOD ASSOCIATION, INC.

Rt. 1, Box 241-S

Rt. 1, Box 241-S

Bristol, FL 32321

Bristol, FL 32321

Principal Place of Business

Mailing Address

RT. 1, BOX 2415
BRISTOL FL 32321

RT. 1, BOX 2415
BRISTOL FL 32321-9801

Rt. 1, Box 241-S

Rt. 1, Box 241-S

Bristol, FL 32321

Bristol, FL 32321

2. Principal Place of Business

2a. Mailing Address

21 Rt. 1, Box 241-S

26 Rt. 1, Box 241-S

22 Bristol, FL 32321

27 Bristol, FL 32321

City & State

City & State

23 Bristol, FL

28 Bristol, FL 32321

Zip

Country

Zip

Country

24 32321

25 Liberty

29 32321

30 Liberty

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINGLETARY, BARBARA
RT. 1, BOX 2415
BRISTOL FL 32321

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 typed 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	D	DELETE
NAME	CHAPMAN, JUDD	
STREET ADDRESS	1408 DENHOLM DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	DELETE
NAME	DAVIS, REX	
STREET ADDRESS	RR 001, BOX 243-C Lake Mystic Road	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	D	DELETE
NAME	EUBANKS, WILHOIT	
STREET ADDRESS	RT. 1, BOX 228-E Lake Mystic Road	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	D	DELETE
NAME	HOSFORD, KEN	
STREET ADDRESS	P.O. BOX 268 - Kent Road	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	D	DELETE
NAME	JOHNSON, JIMMY	
STREET ADDRESS	P.O. BOX 307 Lake Mystic Road	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424 Bristol, FL 32321	
TITLE	D	DELETE
NAME	READ, DONNIE	
STREET ADDRESS	RT. 1, BOX 236-R Lake Mystic Road	
CITY-ST-ZIP	BRISTOL FL 32321	

1.1 TITLE	P	Change	XX Addition
1.2 NAME	STEVERSON, DON		
1.3 STREET ADDRESS	1718 Sharon Road		
1.4 CITY-ST-ZIP	Tallahassee, FL 32303		
2.1 TITLE	V	Change	X Addition
2.2 NAME	Dixon Robinson		
2.3 STREET ADDRESS	119 Glenhaven Terrace		
2.4 CITY-ST-ZIP	Tallahassee, FL 32312		
3.1 TITLE	S/T	Change	X Addition
3.2 NAME	Barbara Singletary		
3.3 STREET ADDRESS	Rt. 1, Box 241-S Lake Mystic Road		
3.4 CITY-ST-ZIP	Bristol, FL 32321		
4.1 TITLE	D	Change	X Addition
4.2 NAME	Peter C. Stoecklin		
4.3 STREET ADDRESS	1559 Cristobal Drive		
4.4 CITY-ST-ZIP	Tallahassee, FL 32301	Change	X Addition
5.1 TITLE	D		
5.2 NAME	Danny Ryals		
5.3 STREET ADDRESS	Rt. 1, Box 17 Highway 275 North		
5.4 CITY-ST-ZIP	Altha, FL 32421	Change	Addition
6.1 TITLE			
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: Barbara Singletary (Barbara Singletary) 2/10/97 (904) 643-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0009268

CR2E037 (9/96)