## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

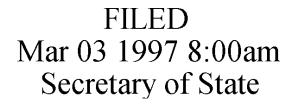
Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N9600002390 (0)

## LAKE MYSTIC NEIGHBORHOOD ASSOCIATION, INC.

Rt. 1, Box 241-S Bristol FL 32321	Rt. 1, Box 241-S Bristol, FL 32321
Bristol FI 32321 Principal Place of Business	Mailing Address
RT. 1. BOX 2415	RT. 1. BOX 2415





RT. 1. BOX 2415 Bristol FL 323		RT. 1. BOX 2415 BRISTOL FL 32321-9801					
Rt. 1, Box 241-S		Rt. 1, Box 241-S		3. Date Incorporated or Qualified	3a. Date of Last Report		
		32321		05/03/1996	NJA.		
	lace of Business	2a. Mailing Address	2/1_6		4. FEI Number	Applied For	
Rt. 1, Box 241-S 26 Rt. 1, Box 24			^.	59 3400620	Not Applicable		
表面 高丸 (a) a) a) . FL 32321		323	21	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 Bristol, FL 28 BRistol, FL			ر 32	321	Trust Fund Contribution	☐ Added to Fees	
		Countr	y	This corporation has liability for intangible tax under s. 199.032,			
24 32321	l 25 Liberty	29 32321	30 L1	bertv		Yes No	
32321	9. Name and Address of Current		1001 171	DELLA	10. Name and Address of New Re		
<del></del>			81	Name			
ONO ES	ADV BADDADA		L				
	ARY, BARBARA		B2	B2 Street Address (P.O. Box Number is Not Acceptable)			
RT. 1, BO			-				
BRISTOL	FL 32321		83	[			
			84	City		85 Zip Code	
			"	Olly		FL S ZIPCON	
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 Storature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature	ADDITIONS/CHANGES TO OFFIC	DATE	
		DELETE	1.1 TITLE	···	P	Change KKAddition	
TITLE	D NIABNAAN NIBB					C Cistille Brundotton	
NAME	CHAPMAN, JUDD		1.2 NAME		STEVERSON, DON		
STREET ADDRESS 1408 DENHOLM DRIVE			1.3 STREE	TADDRESS			
DITY-ST-ZIP TALLAHASSEE FL 32312			1.4 CITY-	ST-ZIP	Tallahassee, FL 32303		
TITLE	D	☐ DELETE	2.1 TITLE		V	Change Addition	
NAME	DAVIS, REX		22 NAME	ļ	Dixon Robinson		
STREET ADDRESS	les de la		2.3 STREE	STREET ADDRESS 119 Glenhaven Terrace			
CITY-ST-ZIP	BRISTOL FL 32321		2. 4 CITY			110	
TITLE	D	DELETE	3.1 TITLE	31-7IL		Change Addition	
					S/T	The state of the s	
NAME	EUBANKS, WILHOIT	Mystic Road	3.2 NAME	ŀ	Barbara Singletary	į	
STREET ADDRESS	**** **********	my orac moan		T ADDRESS	-	ke Mystic Road	
CITY-ST-ZIP	BRISTOL FL 32321		3.4. CITY-	·ST-ZIP	Bristol, FL 32321		
TITLE	D	DELETE	4.1 TITLE	-	D	Change K Addition	
NAME	Hosford, Ken		4. 2 NAME		Peter C. Stoecklin		
STREET ADDRESS	P.O. BOX 268 - Kent	Road	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	HOSFORD FL 32334		4.4 CITY-	ST-ZIP	1559 Cristobal Drive	2001	
TITLE	D	DELETE	5.1 TITLE		-	Change A Addition	
NAME	JOHNSON, JIMMY	W/2 = 00	5.2 NAME	į.	D	-	
STREET ADDRESS	5 6 56U AAT	Marked a Post			Danny Ryals		
i I		The state of the s		T ADDRESS	Rt. 1, Box 17 Highway 275 North		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424 B	ristol, FL 3232			Altha, FL 32421		
TITLE	D	DELETE	6,1 TITLE	ļ	artia, ru Jehel	Change Addition	
NAME	read, donnie		6.2 NAME	Ī			
STREET ADDRESS	RT. 1, BOX 236-R	Mystic Road	6.3 STREE	T ADDRESS			
CITY-ST-ZIF	BRISTOL FL 32321	, bete man	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: Parkasa & selta Barbara Bingletany) 2/10/97 (904)643-2275