


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90008 036 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000001957</b> 1. Corporation Name <b>LAKE COMO CLUB RENTERS ASSOCIATION, INC.</b>					
Principal Place of Business 20500 COT ROAD UNIT 458 LUTZ FL 33549			Mailing Address P.O. BOX 1580 LAND O' LAKES FL 34639		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3477633	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD NAME PEASH, BRENDA STREET ADDRESS % 20500 COT ROAD, UNIT 458 CITY-ST-ZIP LUTZ FL 34639				<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VD NAME OHARA, TIMOTHY C STREET ADDRESS C/O 20200 COT RD, UNIT 458 CITY-ST-ZIP LUTZ FL 34639				<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE SD NAME BROWN, ROSALYN M STREET ADDRESS % 20500 COT ROAD, UNIT 458 CITY-ST-ZIP LUTZ FL 34639				<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE TD NAME BARNES, WILLIAM C STREET ADDRESS C/O 20500 COT RD, UNIT 458 CITY-ST-ZIP LUTZ FL 34639				<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE D NAME ROBERTS, PAUL W STREET ADDRESS C/O 20500 COT RD, UNIT 458 CITY-ST-ZIP LUTZ FL 34639				<input checked="" type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)