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~~NONPROFIT~~
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000762

1. Corporation Name
HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.

Principal Place of Business	Mailing Address
~~4350 W WATERS AVE~~ ~~TAMPA FL 33614~~	~~4350 W WATERS AVE~~ ~~TAMPA FL 33614~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
8019 N. Himes Av.	26 8019 N. Himes Av.	02/09/1998
Suite, Apt. #, etc. #101	27 Suite, Apt. #, etc. #101	4. FEI Number 59-3564179 ☐ Applied For ☐ Not Applicable
City & State TAMPA FL.	28 City & State TAMPA, FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 33614 25 Country US	29 Zip 33614 30 Country US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HO, RONALD Y~~ ~~4350 W WATERS AVE #202~~ ~~TAMPA FL 33614~~	81 Name RONALD Y. HO 82 Street Address (P.O. Box Number is Not Acceptable) 8019 N. HIMES AV. #101 83 84 City TAMPA FL 85 Zip Code 33614

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] 1/18/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D President D. #101 HO, RONALD Y ~~4350 W WATERS AVE #202~~ 8019 N. Himes Av. ~~TAMPA FL 33614~~ TAMPA, FL. 33614	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Ho, Ronald Y. 8019 N. Himes Ave. #101 Tampa, FL. 33614 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V.P D. Treasurer HO, SAMUEL C 8019 N. Himes Av. #101 ~~4350 W WATERS AVE #202~~ ~~TAMPA FL 33614~~ TAMPA, FL. 33614	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Ho, Samuel C. 8019 N. Himes Ave. #101 Tampa, FL. 33614 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Lillian F. Ho 8019 N. Himes Av. #101 Tampa, FL. 33614	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Ho, Lillian F. 8019 N. Himes Ave. #101 Tampa, FL. 33614 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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] SIGNATURE REQUIRED 3/29/99 813-933-3439
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

Ronald Y. Ho
Seal C. Ho 4/13/99 (813) 933-3439