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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020077 (9)

1. Corporation Name

LAKE NONA PROPERTY HOLDINGS, INC.



Principal Place of Business 215 NORTH EOLA DRIVE ORLANDO FL 32801	Mailing Address 215 NORTH EOLA DRIVE ORLANDO FL 32801-2028
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1996	3a. Date of Last Report N/A
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3366122	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent GOFF, BARRY L 215 NORTH EOLA DRIVE ORLANDO FL 32801		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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	DP
NAME	SILVERTON, VIVIANNE	1.2 NAME	SILVERTON, VIVIANNE
STREET ADDRESS	215 NORTH EOLA DRIVE	1.3 STREET ADDRESS	9801 Lake Nona Road
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando, Florida 32827
TITLE	D	2.1 TITLE	D
NAME	THAKKAR, RASESH H	2.2 NAME	THAKKAR, RASESH H.
STREET ADDRESS	215 NORTH EOLA DRIVE	2.3 STREET ADDRESS	9801 Lake Nona Road
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Orlando, Florida 32827
TITLE	D	3.1 TITLE	DTV
NAME	VOSS, JEFFERSON	3.2 NAME	VOSS, JEFFERSON R.
STREET ADDRESS	215 NORTH EOLA DRIVE	3.3 STREET ADDRESS	9801 Lake Nona Road
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	Orlando, Florida 32827
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	LYON, R. RANDOLPH, JR.
STREET ADDRESS		4.3 STREET ADDRESS	9801 Lake Nona Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, Florida 32827
TITLE		5.1 TITLE	S
NAME		5.2 NAME	TURPIN, KAREN C.
STREET ADDRESS		5.3 STREET ADDRESS	9801 Lake Nona Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, Florida 32827
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  K. C. Turpin 4-4-97 407-851-9091

CR2E034 (9/96)