

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000020168

1. Corporation Name
LAKE NONA MANAGEMENT COMPANY



Principal Place of Business: 9801 LAKE NONA ROAD, ORLANDO FL 32827, US
 Mailing Address: 215 NORTH EOLA DRIVE, ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	200 SOUTH ORANGE AVENUE	03/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		SUITE 2300		59-3366124	
City & State		City & State		5. Certificate of Status Desired	
ORLANDO, FL		ORLANDO, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
32801		32801		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
COFF, BARRY L 215 NORTH EOLA DRIVE ORLANDO FL 32801				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COFF, BARRY L 215 NORTH EOLA DRIVE ORLANDO FL 32801				81 Name A.G.C. CO.			
				82 Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE			
				83 SUITE 2300			
				84 City ORLANDO		85 Zip Code FL 32801	

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: *[Signature]* *[Signature]* *[Signature]* **4/12/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SILVERTON, VIVIANNE		1.2 NAME				
STREET ADDRESS	9801 LAKE NONA RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32827		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THAKKAR, RASESH H		2.2 NAME				
STREET ADDRESS	9801 LAKE NONA RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP				
TITLE	DTV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VOSS, JEFFERSON R		3.2 NAME				
STREET ADDRESS	9801 LAKE NONA RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LYON, R RANDOLPH JR		4.2 NAME				
STREET ADDRESS	9801 LAKE NONA RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 607, 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]* **4/18/99** **Jefferson R. Voss (407)851-9091**

CR2E034 (11/98)