

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

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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000020212 (2)**

1. Corporation Name

**LAKE NONA ESTATES I, INC.**

Principal Place of Business

**215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

Mailing Address

**215 NORTH EOLA DRIVE  
ORLANDO FL 32801-2028**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/05/1996</b>	3a. Date of Last Report <b>N/A</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3366193</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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
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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DP</b>
NAME	<b>SILVERTON, VIVIANNE</b>	1.2 NAME	<b>SILVERTON, VIVIANNE</b>
STREET ADDRESS	<b>215 NORTH EOLA DRIVE</b>	1.3 STREET ADDRESS	<b>9801 Lake Nona Road</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	1.4 CITY-ST-ZIP	<b>Orlando, Florida 32827</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>THAKKAR, RASESH H</b>	2.2 NAME	<b>THAKKAR, RASESH H.</b>
STREET ADDRESS	<b>215 NORTH EOLA DRIVE</b>	2.3 STREET ADDRESS	<b>9801 Lake Nona Road</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	2.4 CITY-ST-ZIP	<b>Orlando, Florida 32827</b>
TITLE	<b>D</b>	3.1 TITLE	<b>DTV</b>
NAME	<b>VOSS, JEFFERSON R</b>	3.2 NAME	<b>VOSS, JEFFERSON R.</b>
STREET ADDRESS	<b>215 NORTH EOLA DRIVE</b>	3.3 STREET ADDRESS	<b>9801 Lake Nona Road</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY-ST-ZIP	<b>Orlando, Florida 32827</b>
TITLE	<b>D</b>	4.1 TITLE	<b>VP</b>
NAME		4.2 NAME	<b>LYON, R. RANDOLPH, JR.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>9801 Lake Nona Road</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando, Florida 32827</b>
TITLE		5.1 TITLE	<b>S</b>
NAME		5.2 NAME	<b>TURPIN, KAREN C.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>9801 Lake Nona Road</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Orlando, Florida 32827</b>
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**  
SECRETARY

4-4-97

407-851-9091

CR2E034 (9/96)