

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

003056

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90028 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 220546**

1. Corporation Name  
**THE VILLAGES OF LAKE-SUMTER, INC.**



Principal Place of Business 1100 MAIN ST LADY LAKE FL 32159 US	Mailing Address 1100 MAIN ST LADY LAKE FL 32159 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/21/1959</b>	4. FEI Number <b>59-0883380</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>BURNSSED, DEWEY 1000 W. MAIN STREET LEESBURG FL 32748</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			<b>FL</b>
			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 \_\_\_\_\_ 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 <b>PD</b>	NAME <b>SCHARTZ, HAROLD S.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1200 AVENIDA CENTRAL</b>	CITY-ST-ZIP <b>LADY LAKE FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	NAME <b>MORSE, H GARY</b>	2.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>1200 AVENIDA CENTRAL</del>	CITY-ST-ZIP <b>LADY LAKE FL</b>	2.2 NAME	
		2.3 STREET ADDRESS <b>1100 MAIN ST.</b>	
		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>BURNSSED, DEWEY</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1000 W. MAIN STREET</b>	CITY-ST-ZIP <b>LEESBURG FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>WISE, JOHN F</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>1200 AVENIDA CENTRAL</del>	CITY-ST-ZIP <b>LAKE LAKE FL</b>	4.2 NAME	
		4.3 STREET ADDRESS <b>1100 Main St.</b>	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME <b>MARK G. MORSE</b>	
CITY-ST-ZIP		5.3 STREET ADDRESS <b>1100 MAIN ST.</b>	
		5.4 CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 119.01(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: John F. Wise **JOHN F. WISE** Date: 4.12.99 (352) 753-6270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)