

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 220546
 1. Corporation Name
 THE VILLAGES OF LAKE-SUMTER, INC.



Principal Place of Business Mailing Address
 1100 MAIN ST 1100 MAIN ST
 LADY LAKE FL 32159 LADY LAKE FL 32159
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	Applied For	
21		26		02/21/1959		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Not Applicable	
22		27		59-0883380		
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25	29	30	<input type="checkbox"/>		
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURNSSED, DEWEY 1000 W. MAIN STREET LEESBURG FL 32748				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHARTZ, HAROLD S.			1.2 NAME			
STREET ADDRESS	1200 AVENIDA CENTRAL			1.3 STREET ADDRESS			
CITY-ST-ZIP	LADY LAKE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORSE, H GARY			2.2 NAME			
STREET ADDRESS	1200 AVENIDA CENTRAL			2.3 STREET ADDRESS	1100 Main St.		
CITY-ST-ZIP	LADY LAKE FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNSSED, DEWEY			3.2 NAME			
STREET ADDRESS	1000 W. MAIN STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, JOHN F			4.2 NAME			
STREET ADDRESS	1200 AVENIDA CENTRAL			4.3 STREET ADDRESS	1100 Main St.		
CITY-ST-ZIP	LADY LAKE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	MARK G. MORSE		
STREET ADDRESS				5.3 STREET ADDRESS	1100 Main St.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	LADY LAKE, FL 32159		
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: John F. Wise JOHN F. WISE Date: 4.12.99 (352) 753-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)