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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724261

1. Corporation Name

LAKE APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

4270 LAKE UNDERHILL ROAD ORLANDO FL 32803

2. Principal Place of Business

4270 LAKE UNDERHILL ROAD ORLANDO FL 32803

FILED Apr 13, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

09/05/1972

21 i		20								
Suite, Apt.	· ·	Suite, Apt. #, etc.				4. FEI Number - 59-1440935	in the second	· •	Applicable	
22		27				35-1440803				
City & Stat	e .	City & State				5. Certifcate of Status	Desired	\$8.75 A Fee Red		
Zip	Country Zip			Country		6. Election Campaign	Financing	\$5.00	May Be	
24	25	29 30			Trust Fund Contribution			Added to	Fees	
9. Name and Address of Current Registered Agent						10. Name and Address	of New Registere	d Agent		
				81 :	Name			•		
TOMASSI, BARARA				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
4270 LAKE UNDERHILL ROAD				62 Street Address (F.O. Box Nutribor is Not Acceptable)						
ORLANDO FL 32803				83						
UNLANDU FL 32003					<u> </u>	<u> </u>		. 85 Zip C	ode	
	* -]	84	City		F	L S Zp C		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statute	es, the ab	OVE-F	named corpo	oration submits this statem	ent for the purpose	of changing its	registered	
office or r	poistered agent or both in the State of	Fiorida, Such change was at	utnonzea	DV UII	e corporatio	n's board of directors. I he	reby accept the app	pointment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ins or, Section 617.0505, Flor	ilua Statui	ies.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered A	Agent si	ignature required	when reinstating)	DATE		 _	
12.	OFFICERS AND		13.	•		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD Tomassi	· · · · · · · · · · · · · · · · · · ·			r	r		Change	Addition	
NAME	10 1011-201			ME		romassi, Bar	hara		,	
STREET ADDRESS	ACTOR LAWE INDEPLIES DOAD					4270C Lake U		Rđ.		
CITY-ST-ZIP				Y-ST-Z		Orlando, FL				
TITLE	VP .)		☐ Change	Addition	
NAME	··		2.2 NAM	ME	1	Elkins, Will	iam			
STREET ADDRESS	• · · · · · · · · · · · · · · · · · · ·		2.3 STR	REET AL		4202C Lake U		Rđ.		
CITY-ST-ZIP				Y-ST-		Orlando, FL				
TITLE			3.1 TITL	LE)		Change	X Addition	
NAME	······································		3.2 NAM	32 NAME F1		Fleshood, Er	ic			
STREET ADDRESS				REETA		_				
CITY-ST-ZIP	ORLANDO FL 32803		3.4. CIT	ry- <u>ST-</u> 2		Orlando, FL				
TITLE	SO · □ DELETE 4.1		4.1 TITL	LE				Change	☐ Addition	
NAME	MILTONBERGER, ANNE 4.3		4. 2 NA	ME					·]	
STREET ADDRESS			4.3 STR	REET A	DDRESS			•	ļ	
CITY-ST-ZIP	ORLANDO FL		4.4 CIT	Y-5T-2	ZIP					
TITLE	D	☐ DELETE	5.1 TIT	LE] ,	VP		Change	Addition	
NAME	GRACE, JUNE					Grace, June				
STREET ADDRESS	ARTON CALLED THE PROPERTY OF THE		5.3 STF	REETA	DDRESS	4212B Lake (Inderhill	Rd.		
CITY-ST-ZIP .	OTENIDO TE OZOGO			Y-ST-Z	ZIP (Orlando, FL	32803			
TITLE	D	☐ DELETE	6.1 ΠΠ	LE				Change	Addition	
NAME	RUTH BROWN . 6.2			ME					1	
STREET ADDRESS	4310C LAKE UNDERHILL RD		6.3 STF	REETA	DDRESS				٠.	
CITY-ST-ZIP	ORLANDO FL		6.4 CIT							
14 liboroby	certify that the information supplied with	this filling does not qualify for	r the exen	notion	n stated in S	Section 119.07(3)(i). Florida	Statutes, I further	certify that the ir	normation	

4. 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 Date

407-894-0801

CR2F037_(1.1/98)