FILE NOW: FILING FEE IS $61.25

FILED
Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732730

1. Corporation Name

Principal Place of Business: Lloyd Acres Homeowners Assoc Jefferson County Florida

Mailing Address: P.O. Box 194 Lloyd, Fl 32337

3. Date Incorporated or Qualified: 1973

4. FEI Number: NA ☐ Applied For ☑ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Lloyd Acres Homeowners Assoc, Inc
Charles Hartz
4800 LeJeune Rd
Coral Gables, Fl 33146-1819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Gary D. Hodges		1.2 NAME	
STREET ADDRESS	Rt 5 Box 5785		1.3 STREET ADDRESS	
CITY-ST-ZIP	Monticello, Fl 32344		1.4 CITY-ST-ZIP	
TITLE	V.P.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	James Hodges		2.2 NAME	
STREET ADDRESS	Rt 5 Box 5785		2.3 STREET ADDRESS	
CITY-ST-ZIP	Monticello, Fl 32344		2.4 CITY-ST-ZIP	
TITLE	Sec-Tres	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Betty Hodges		3.2 NAME	
STREET ADDRESS	Rt 5 Box 5785		3.3 STREET ADDRESS	
CITY-ST-ZIP	Monticello, Fl 32344		3.4 CITY-ST-ZIP	
TITLE	Board of Dir.	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	Marylynn Swensen		4.2 NAME	
STREET ADDRESS	Rt 5 Box 5626		4.3 STREET ADDRESS	
CITY-ST-ZIP	Monticello, Fl 32344		4.4 CITY-ST-ZIP	6/6/3
TITLE	Board of Dir.	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Annie Lawson		5.2 NAME	
STREET ADDRESS	3881 Macks Rd		5.3 STREET ADDRESS	
CITY-ST-ZIP	Century, Fl 32532		5.4 CITY-ST-ZIP	
TITLE	Board of Dir	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Lester Lawson		6.2 NAME	100002554451
STREET ADDRESS	3881 Macks Rd		6.3 STREET ADDRESS	-06/10/98--01035--041
CITY-ST-ZIP	Century, Fl 32532		6.4 CITY-ST-ZIP	***61.25

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty L. Hodges, Sec-Tres 5-25-98 850-997-5716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #