FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 12:03

DOCUMENT # 763216 (9)

1. Corporation Name
HOMEOWNERS ASSOCIATION OF LAKE AND GOLF ESTATES, INC.

Principal Place of Business	Mailing Address
6809 WINSLOW DRIVE. NE WINTER HAVEN FL 33881	6809 WINSLOW DRIVE. NE WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1982
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2169792 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROWAN, JACKIE
6658 BRENTWOOD DR., NE
WINTER HAVEN FL 33881

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 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, CLARA	1.2 NAME	
STREET ADDRESS	6737 KENSINGTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	~~CASE, FLOYD~~	2.2 NAME	Patrick, Pat
STREET ADDRESS	~~6665 BRIARHILL DR.~~	2.3 STREET ADDRESS	6825 S. Lake Henry Dr
CITY-ST-ZIP	~~WINTER HAVEN FL~~	2.4 CITY-ST-ZIP	Winter Haven, Fl 33881
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	STOKELL, GRANT	3.2 NAME	
STREET ADDRESS	6641 WESTCHESTER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	~~MACHUTA, LOIS~~	4.2 NAME	Case, Mae
STREET ADDRESS	~~6639 WESTCHESTER~~	4.3 STREET ADDRESS	6665 Briarhill Dr.
CITY-ST-ZIP	~~WINTER HAVEN FL~~	4.4 CITY-ST-ZIP	Winter Haven, Fl 33881
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWCOMBE, VEVA	5.2 NAME	
STREET ADDRESS	6666 BRIARHILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, MARY E	6.2 NAME	
STREET ADDRESS	6754 KENSINGTON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mae Case
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mae Case, Treasurer (813)297-5123

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