

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90229 044 ****61.25

DOCUMENT # 767644

1. Corporation Name

ENGLELAKE OWNERS ASSOCIATION, INC.

Principal Place of Business

6713 ENGLELAKE DR.
P.O. BOX 6741
LAKELAND FL 33813
US

Mailing Address

6741 NELLS WAY
P.O. BOX 6741
33807 33807-3741



2. Principal Place of Business

21 6677 Englelake Drive

Suite, Apt. #, etc.

22

City & State

23 Lakeland, FL

Zip Country

24 33813

25 USA

2a. Mailing Address

26 P.O. Box 6741

Suite, Apt. #, etc.

27

City & State

28 Lakeland, FL

Zip Country

29 33807

30 USA

3. Date Incorporated or Qualified

03/24/1983

4. FEI Number

59-2318493

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

9. Name and Address of Current Registered Agent

FRIEDMAN, LEONA
6707 ENGLELAKE DR.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

James R. Burkley

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

6677 Englelake Drive

83

84 City

Lakeland

FL

85 Zip Code
33813

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 **JAMES R. BURKLEY** PD *James R. Burkley* 3-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME FRIEDMAN, LEONA
STREET ADDRESS 6707 ENGLELAKE DR.
CITY-ST-ZIP LAKELAND FL

TITLE VPD ☒ DELETE

NAME VONDERLUFT, DALE
STREET ADDRESS 6767 ENGLELAKE DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD ☒ DELETE

NAME VERPLANCK, HOLLY
STREET ADDRESS 6713 ENGLELAKE DR.
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME CADIZ, IRIS
STREET ADDRESS 6701 ENGLELAKE DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☒ DELETE

NAME GUNKEL, DIANE
STREET ADDRESS 6721 NELS WAY
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☒ DELETE

NAME CREAMER, PAULA
STREET ADDRESS 6740 ENGLELAKE DRIVE
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition

1.2 NAME James R. Burkley
1.3 STREET ADDRESS 6677 Englelake Dr.
1.4 CITY-ST-ZIP Lakeland, FL 33813

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME Jay Miller
2.3 STREET ADDRESS 2118 Brandywine Ct.
2.4 CITY-ST-ZIP Lakeland, FL 33813

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Diane Gunkel
3.3 STREET ADDRESS 6721 Nells Way
3.4 CITY-ST-ZIP Lakeland, FL 33813

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Gary Cleveland
4.3 STREET ADDRESS 6685 Breckenridge Ct.
4.4 CITY-ST-ZIP Lakeland, FL 33813

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Leona Friedman
5.3 STREET ADDRESS 6707 Englelake Dr.
5.4 CITY-ST-ZIP Lakeland, FL 33813

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Colleen Waller
6.3 STREET ADDRESS 6651 Englelake Dr.
6.4 CITY-ST-ZIP Lakeland, FL 33813

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, with all other like empowered.

SIGNATURE: **JAMES GRIABURIK** *James R. Burkley* 3-5-99 941 6445455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)