

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY - 1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767819 (6)

1. Corporation Name

**LAKE PINELoch VILLAGE CONDOMINIUM ASSOCIATION, I
NC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% P & R HOUSING MANAGEMENT
P.O. BOX 568846
ORLANDO FL 32856-5846**

3. Date incorporated or Qualified **04/08/1983** 3a. Date of Last Report **06/16/1994**
4. FEI Number **59-2397637** Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent
**JOHNSON, PAMELA R.
C/O P & R MANAGEMENT
P.O. BOX 568846
ORLANDO FL 32808**

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 607.0509 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]* DATE **4/27/95**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SNYDER, RICHARD
STREET ADDRESS	1251 LAKE WILLISARA
CITY - ST - ZIP	ORLANDO FL
TITLE	ST
NAME	KABOOL, DONALD
STREET ADDRESS	2912 LAKE PINELoch BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	VP
NAME	MCDONALD, ROGER
STREET ADDRESS	2937 LAKE PINELoch BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	SCHOTT, JAMES L.
STREET ADDRESS	1112 LAKE WILLISARA CIR
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	TINDAL-BEAUCHAMP, POLLY
STREET ADDRESS	2933 MONACO COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	P
NAME	MUSIELAK, VICTOR
STREET ADDRESS	1302 LAKE WILLISARA CIR
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HARRIET FORD - D.
33 STREET ADDRESS	1104 ST. TROPEZ CIR.
34 CITY - ST - ZIP	ORLANDO, FL
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	P
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	S
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D. Robert Dangler
63 STREET ADDRESS	2803 MARSA CT.
64 CITY - ST - ZIP	ORLANDO, FL

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 110.07(3)(k), 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 13, as changed, or on an attachment with an initial.

SIGNATURE *[Signature]* DATE **4/27/95**
Signature: typed or printed name of officer, director, receiver, trustee, or agent