

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandria B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

Pg 1 of 2

DOCUMENT # G00047 (2)

1. Corporation Name

LAKE NONA CORPORATION

Principal Place of Business

9801 LAKE NONA ROAD  
ORLANDO FL 32827-7017

Mailing Address

9801 LAKE NONA ROAD  
ORLANDO FL 32827-7017



3. Date Incorporated or Qualified  
09/15/1982

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

21 5850 T.G. Lee Blvd.

2a. Mailing Address

26 5850 T.G. Lee Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 535

27 Suite 535

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32822

25 US

29 32822

30 US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY, JOHN T.  
% LAKE NONA CORPORATION  
9801 LAKE NONA RD  
ORLANDO FL 32827

10. Name and Address of New Registered Agent

81 Name Richard P. Reichel  
82 Street Address (P.O. Box Number is Not Acceptable)  
5850 T.G. Lee Blvd  
83 Suite 535  
84 City Orlando FL 85 Zip Code 32822

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, 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 provisions of Section 607.0506, Florida Statutes.

SIGNATURE

*Richard P. Reichel*  
Signature, typed or printed name of registered agent and true in application

Richard P. Reichel - President

4/30/96  
DATE

12. OFFICERS AND DIRECTORS

|                 |                          |                                            |
|-----------------|--------------------------|--------------------------------------------|
| TITLE           | VS                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | GRAY, JOHN T             |                                            |
| STREET ADDRESS  | 9801 LAKE NONA RD.       |                                            |
| CITY - ST - ZIP | ORLANDO FL               |                                            |
| TITLE           | D                        | <input type="checkbox"/> DELETE            |
| NAME            | SUNLEY, JOHN             |                                            |
| STREET ADDRESS  | 9801 LAKE NONA ROAD      |                                            |
| CITY - ST - ZIP | ORLANDO FL               |                                            |
| TITLE           | D                        | <input type="checkbox"/> DELETE            |
| NAME            | DEVERELL, CHRISTOPHER J. |                                            |
| STREET ADDRESS  | 9801 LAKE NONA ROAD      |                                            |
| CITY - ST - ZIP | ORLANDO FL               |                                            |
| TITLE           | PD                       | <input type="checkbox"/> DELETE            |
| NAME            | REICHEL, RICHARD P       |                                            |
| STREET ADDRESS  | 9801 LAKE NONA ROAD      |                                            |
| CITY - ST - ZIP | ORLANDO FL               |                                            |
| TITLE           | D                        | <input type="checkbox"/> DELETE            |
| NAME            | SUNLEY, JAMES B.         |                                            |
| STREET ADDRESS  | 9801 LAKE NONA ROAD      |                                            |
| CITY - ST - ZIP | ORLANDO FL               |                                            |
| TITLE           | D                        | <input type="checkbox"/> DELETE            |
| NAME            | KOLB, ROBERT T.          |                                            |
| STREET ADDRESS  | 9801 LAKE NONA ROAD      |                                            |
| CITY - ST - ZIP | ORLANDO FL               |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 5850 T.G. Lee Blvd Suite 535                                                 |
| 2.4 CITY - ST - ZIP | Orlando FL 32822                                                             |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  | same as above                                                                |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  | same as above                                                                |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  | same as above                                                                |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  | same as above                                                                |
| 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John T. Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. GRAY

(407) 851-9091

CR2E034 (12/95)

Pg 282

*LAKE NONA*

**LAKE NONA CORPORATION**  
**ADDITIONAL OFFICERS AND DIRECTORS**

|     |                |                         |                              |
|-----|----------------|-------------------------|------------------------------|
| 7.1 | Title          | D                       |                              |
| 7.2 | Name           | Nicksa, James H.        |                              |
| 7.3 | Street Address | 9801 Lake Nona Road     | 5850 T.G. Lee Blvd Suite 535 |
| 7.4 | City-St-Zip    | Orlando, Florida 32827  | Orlando FL 32822             |
| 8.1 | Title          | V                       |                              |
| 8.2 | Name           | Throneburg, Lawrence M. | <del>X</del> Delete          |
| 8.3 | Street Address | 9801 Lake Nona Road     |                              |
| 8.4 | City-St-Zip    | Orlando, Florida 32827  |                              |