

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:18

DOCUMENT # N01350 (0)

1. Corporation Name

THE LAKES OF TALLAHASSEE HOMEOWNERS' ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

%KRM MANAGEMENT
431 WAVERLY RD.
TALLAHASSEE FL 32312

%KRM MANAGEMENT
431 WAVERLY RD.
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1984

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2659645

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE FL 32312

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 PD
NAME KIMEL, DAN
STREET ADDRESS 2043 OWNBY DR.
CITY - ST - ZIP TALLAHASSEE FL 32308

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME CONNER, ALBERT
STREET ADDRESS 1311-C1 AIRPORT DR.
CITY - ST - ZIP TALLAHASSEE FL 32304

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME DANIELS, KAREN
STREET ADDRESS 1311-1C AIRPORT DR.
CITY - ST - ZIP TALLAHASSEE FL 32304

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME DECHMAN, ANNE
STREET ADDRESS 1311-1C AIRPORT DR.
CITY - ST - ZIP TALLAHASSEE FL 32304

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TD
NAME BLACK, RICHARD
STREET ADDRESS 1313-B3 AIRPORT DR.
CITY - ST - ZIP TALLAHASSEE FL 32304

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Don Kimel

Pres

Don Kimel, Pres

4/27/95

Date

(904) 531-0627

Daytime Phone