


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08311** (5)
1. Corporation Name
LAKE PICKETT ESTATES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business P.O. BOX 660216 CHULUOTA FL 32766	Mailing Address P.O. BOX 660216 CHULUOTA FL 32766
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3. Date Incorporated or Qualified

03/22/1985

4. FEI Number **59-3440135**
~~59-0821940~~

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, KATHIE
2476 MILLS CREEK ROAD
CHULUOTA FL 32766**

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 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

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	<input checked="" type="checkbox"/> DELETE
NAME	GETZ, DAVID	
STREET ADDRESS	2209 MILLS CREEK RD	
CITY-ST-ZIP	CHULUOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGENBACH, RUSSELL	
STREET ADDRESS	2269 MILLS CREEK RD	
CITY-ST-ZIP	CHULUOTA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SDT	<input type="checkbox"/> DELETE
NAME	SMITH, KATHIE	
STREET ADDRESS	2476 MILLS CREEK ROAD	
CITY-ST-ZIP	CHULUOTA FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	ATD	<input type="checkbox"/> DELETE
NAME	DIETRICH, LISA	
STREET ADDRESS	2276 MILLS CREEK ROAD	
CITY-ST-ZIP	CHULUOTA FL 32766	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, RAY	
STREET ADDRESS	2548 BUCK KNIFE CT.	
CITY-ST-ZIP	CHULUOTA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LENIUS, STEVE	
STREET ADDRESS	3454 MILLS CREEK Rd.	
CITY-ST-ZIP	Chuluota, FL, 32766	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Kathie Smith* **Kathie Smith** **2/7/98** **407 359-6007**

CR2E037 (10/97)