**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N23480 (9)

1. Corporation Name

LAKE LYTAL LASSIE LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3645 GUN CLUB RD.<br>WEST PALM BEACH FL 33416<br>US | PO BOX 17362<br>WEST PALM BCH FL 33416-7362<br>US |

3. Date Incorporated or Qualified: 11/16/1987

4. FEI Number: 65-0125253 ☐ 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. 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

CYNTHIA M. SHEARER
1216 DREXEL RD.
WEST PALM BCH FL 33417

**10. Name and Address of New Registered Agent**

81 Name: SALLY LARKIN
82 Street Address (P.O. Box Number is Not Acceptable): 8350 WATERWAY DRIVE
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33406

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: Sally Larkin, Treasurer 1-12-98
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 | ☐ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | SHEARER, CINDY | | 1.2 NAME | DOUGLAS HETZLER | |
| STREET ADDRESS | 1216 DREXELROAD | | 1.3 STREET ADDRESS | 652 WHITE WATER DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY-ST-ZIP | WEST PALM BEACH FL 33413 | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | MCKENZIE, ADRIANNA | | 2.2 NAME | MARY DUCOTE | |
| STREET ADDRESS | 11697 INVERNESS CIR. | | 2.3 STREET ADDRESS | 74 CLEVELAND RD. | |
| CITY-ST-ZIP | WELLINGTON FL | | 2.4 CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | MCKENZIE, DON | | 3.2 NAME | RALPH BARQUIN | |
| STREET ADDRESS | 11697 INVERNESS CIR. | | 3.3 STREET ADDRESS | 3023 COLLIN DR | |
| CITY-ST-ZIP | WELLINGTON FL | | 3.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33406 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | HENDERSHOT, SHARON | | 4.2 NAME | SALLY LARKIN | |
| STREET ADDRESS | 940 MANGO DR. | | 4.3 STREET ADDRESS | 8350 WATERWAY DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 4.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33406 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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: Sally Larkin Treasurer 1-12-98