

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N39302**

(7)

1. Corporation Name

ROUND LAKE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**17316 LINDA VISTA CIRCLE
LUTZ FL 33549**

**17316 LINDA VISTA CIRCLE
LUTZ FL 33549**

3. Date Incorporated or Qualified
07/24/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **17326 LINDA VISTA CIR.**

26 **17326 LINDA VISTA CIR.**

4. FEI Number

59-3011589

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **LUTZ FL**

28 **LUTZ FL**

24 Zip

Country

Zip

Country

33549

HILLSBOROUGH

33549

HILLSBOROUGH

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

10. Name and Address of New Registered Agent

MCMANUS, JAMES

**17326 LINDA VISTA CIR.
LUTZ FL 33549**

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 **P** *President*
NAME **STEINMETZ, RICHARD A**
STREET ADDRESS **3701 BERGER RD**
CITY-ST-ZIP **LUTZ FL**

1.1 TITLE **Director**
1.2 NAME **DAME E.S.**
1.3 STREET ADDRESS **17328 LINDA VISTA CIRCLE**
1.4 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **S** *Secretary*
NAME **ELCHORN VON WYRMB, EDDIE**
STREET ADDRESS **17325 LINDA VISTA CIRCLE**
CITY-ST-ZIP **LUTZ FL**

2.1 TITLE **MARY RUSS Director**
2.2 NAME **17324 LINDA VISTA CIRCLE**
2.3 STREET ADDRESS **LUTZ FL 33549**
2.4 CITY-ST-ZIP **33549**

TITLE **D**
NAME **HOOPER, LEE**
STREET ADDRESS **17316 LINDA VISTA CIR.**
CITY-ST-ZIP **LUTZ FL**

3.1 TITLE **KINTZEL IRENE**
3.2 NAME **17320 LINDA VISTA CIRCLE**
3.3 STREET ADDRESS **LUTZ FL 33549**
3.4 CITY-ST-ZIP **33549**

TITLE **T** *Treas.*
NAME **MCMANUS, JAMES W.**
STREET ADDRESS **17326 LINDA VISTA CIR.**
CITY-ST-ZIP **LUTZ FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** *Director*
NAME **DEPAULA, CARMEN**
STREET ADDRESS **3820 LITTLE ROAD**
CITY-ST-ZIP **LUTZ FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VP** *Vice Pres.*
NAME **PRINCE, E.F.**
STREET ADDRESS **3703 BERGER RD**
CITY-ST-ZIP **LUTZ FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. MCMANUS

AGENT

4-26-96 8139611742

Date

Daytime Phone #

CR2E037 (12/95)