

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # **N42181** (0)

1. Corporation Name

**LADY LAKE CEMETERY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

POST OFFICE BOX 1677  
LADY LAKE FL 32159

POST OFFICE BOX 1677  
LADY LAKE FL 32158-1677

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

25

29

30

3. Date Incorporated or Qualified

**02/18/1991**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-2152325**

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

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

**ANDERSON, PAUL S.  
2625 GRIFFINVIEW DR.  
LADY LAKE FL 32159**

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

*Paul Anderson*  
Signature, typed or printed name of registered agent and title if applicable

**Paul Anderson**

(NOTE: Registered Agent signature required when reinstating)

**4/26/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D ANDERSON, GARY E.**  
STREET ADDRESS **201 EAST LADYLAKE BLVD**  
CITY-ST-ZIP **LADY LAKE FL**

TITLE ☒ DELETE  
NAME **D STOLZ, BOB**  
STREET ADDRESS **302 REDBUD LANE**  
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ DELETE  
NAME **D BUCHANAN, JAMES M.**  
STREET ADDRESS **620 TARRSON BLVD**  
CITY-ST-ZIP **LADYLAKE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D Donna Morris**  
2.3 STREET ADDRESS **2713 Griffin Avenue**  
2.4 CITY-ST-ZIP **Lady Lake FL 32159**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)