

FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42181
 1. Corporation Name
LADY LAKE CEMETERY ASSOCIATION, INC.

Principal Place of Business POST OFFICE BOX 1677 LADY LAKE FL 32159	Mailing Address POST OFFICE BOX 1677 LADY LAKE FL 32159
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/18/1991
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2152325
23 City & State	28 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip
		30 Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ANDERSON, PAUL S.
2625 GRIFFINVIEW DR.
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 S. Anderson* **PAUL S. ANDERSON** DATE: **4/28/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, GARY E.	
STREET ADDRESS	201 EAST LADYLAKE BLVD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DONNA	
STREET ADDRESS	2713 GRIFFIN AVE.	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, JAMES M.	
STREET ADDRESS	620 TARRSON BLVD	
CITY-ST-ZIP	LADYLAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D NANCY HELANDER
3.3 STREET ADDRESS	1343 SPRING LAKE ROAD
3.4 CITY-ST-ZIP	FRUITLAND PARK FL 34731
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Donna Morris* **SIGNATURE REQUIRED DONNA MORRIS** DATE: **4/28/99** DAYTIME PHONE #: **(352) 753-2882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)