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 # N42369 (1)

1. Corporation Name

LAKE CRESCENT HILLS HOMEOWNERS ASSOCIATION OF LA KE COUNTY, INC.

Principal Place of Business	Mailing Address
2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779	2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 03/04/1991

3a. Date of Last Report: 01/31/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 59-3164369 ☐ 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

HART, JAMES W JR.
2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GUERRA, LEE	
STREET ADDRESS	10451 MYAKKA DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	☐ DELETE
NAME	STEWART, JOE	
STREET ADDRESS	10516 MESA LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	☐ DELETE
NAME	LACKE, MARK	
STREET ADDRESS	10800 ASTATULA LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ DELETE
NAME	STOFLE, SAUNDRA	
STREET ADDRESS	10517 MESA LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ DELETE
NAME	MCNEIL, PETER SR.	
STREET ADDRESS	10615 CRESCENT LAKE CT.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	KAY YAEGER	
1.3 STREET ADDRESS	11305 LAKE KATHERINE CIRCLE	
1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	RAY HARRINGTON	
2.3 STREET ADDRESS	11611 LAKE KATHERINE CIRCLE	
2.4 CITY-ST-ZIP	CLERMONT, FL 34711	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	MARK LACKE	
3.3 STREET ADDRESS	10800 ASTATULA LANE	
3.4 CITY-ST-ZIP	CLERMONT, FL 34711	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	SAUNDRA STOFLE	
4.3 STREET ADDRESS	10517 MESA LANE	
4.4 CITY-ST-ZIP	CLERMONT, FL 34711	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	LEE GUERRA	
5.3 STREET ADDRESS	10451 MYAKKA DRIVE	
5.4 CITY-ST-ZIP	CLERMONT, FL 34711	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Kathleen A Yaeger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #