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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32779-5044

3. Date Incorporated or Qualified: 03/04/1991	3a. Date of Last Report: 05/01/1996
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	

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	GUERRA, LEE		1.2 NAME	KAY YAEGER	
STREET ADDRESS	10451 MYAKKA DR.		1.3 STREET ADDRESS	11305 LAKE KATHERINE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	STEWART, JOE		2.2 NAME	SUSAN HANRAHAM	
STREET ADDRESS	10516 MESA LANE		2.3 STREET ADDRESS	11305 SUMMERWIND COURT	
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	LACKE, MARK		3.2 NAME	PATRICIA HARRINGTON	
STREET ADDRESS	10800 ASTATULA LANE		3.3 STREET ADDRESS	1611 LAKE KATHERINE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711		3.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	STOFLE, SAUNDRA		4.2 NAME		
STREET ADDRESS	10517 MESA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNEIL, PETER SR.		5.2 NAME		
STREET ADDRESS	10615 CRESCENT LAKE CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		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 (9/96)

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.

SIGNATURE: [signature] VP 4/3/97