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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-3164369 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 4004 EDGEWATER DRIVE
22: Suite, Apt. #, etc.
23: City & State: ORLANDO, FL
24: Zip: 32804 25: Country: USA

2a. Mailing Address
26: 4004 EDGEWATER DRIVE
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, FL
29: Zip: 32804 30: Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: MARY L. RIVERA
82 Street Address (P.O. Box Number is Not Acceptable): 4004 EDGEWATER DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32804

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: Mary L. Rivera. Mary L. Rivera 2/24/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YAEGER, KAY 11305 LAKE KATHERINE CIRCLE CLERMONT FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANRAHAM, SUSAN 11305 SUMMERWIND COURT CLERMONT FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MC CARTHY, JOHN 11426 LAKE KATHERINE CIRCLE CLERMONT, FL. 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARRINGTON, PATRICIA 1611 LAKE KATHERINE CIRCLE CLERMONT FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STOFLE, SAUNDRA 10517 MESA LANE CLERMONT FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D JONES, KIM 11223 LAKE KATHERINE CIRCLE CLERMONT FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Kay Yaeger KAY YAEGER FEBRUARY 24, 1998 (407) 299-9009