FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000002389 (4)

1. Corporation	LEFIELD HOMEOWNERS AS	SOCIATION, INC.			
Principal Plac	e of Business	Mailing Address		ı sanırını ara sasır arası dasır anısı dasır anısı anısı anısı anısı anısı sıdan ıstan tarısı istil tabır	
1330 PALMETT WINTER PARK US		1930 PALMETTO AVENUE · WINTER PARK FL 82789 US·		3. Date Incorporated or Qualified 05/04/1994 4. FEI Number Applied For 59-3242839 Not Applied between Applied For	
2. Principal F	lace of Business_	2a. Mailing Address	<u></u>	- \$0.75 Auto	Ή
	Cob blefield Circle	26 % Fredrick	Zried	6. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	1
City & Stat		27 2143 Cobble City & State	tield Circ		4
23 4 00		28 A POPKA, 1	FL	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	┪
24 3270	25	29 32703	30	Personal Property Tax due June 30. Yes No	ì
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent]
-1330 PA	N, LARRY— N imetto ave Park fl. 82780		82 Street A 21 A	Total 7% Code	
L			A A	000 Ka. FL 132703	
	to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with, and accept the obligation of the section	and 617.1508, Florida Statutes of Florida. Such change was au- tions of, Section 617.0503, Flor	s, the above-named outhorized by the corporate Statutes. Fredrick	ofporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signa de Apped or printed name of registered agen		Registered Agent signature re	oquired when reinstating) DATE	ୢ୷
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-18
TOLE	0	DELETE	1.1 TITLE	Change Addition	
NAME	GODWIN, LARRY		1.2 NAME	Zried, Fredrick L.	}
STREET ADDRESS	1990 PALMETTO AVE		1.3 STREET ADDRESS	2143 Cobblefield Circle	į
CITY-ST-ZIP	D	X DELETE	1.4 CITY-ST-ZIP	Pooka, FL 32703 Change Addition	48
NAME	SHIVELY, DOUGLAS A JR	ES PECETE	-	-	Т
STREET ADDRESS	1990 PALMETTO AVE		2.3 STREET ADDRESS	Bacqan, John 2237 Cobblefield Circle	1
CITY-ST-ZIP	-WINTER PARK FL 32789		2.4 CITY-ST-ZIP	9000Ka FL 32703	
TOLE	D	DELETE	3.1 TITLE	Change	
NAME	-MELOON, MELISSA >		3.2 NAME	tarewood, Alice]
STREET ADDRESS	1990 PALMETTO AVE-			2137 Cobblefield Circle	
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. CITY-ST-ZIP	Joopha, FL 32703	
TITLE		☐ DELETE	4.1 TITLE	Change Addition	1
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		

DELETE

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

Addition

FILED

Apr 14 1998 8:00am

Secretary of State