FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90058 013 ****61.25

DOCUMENT # N96000000617

1. Corporation Name

SQUARE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
950 SQUARE LAKE DRIVE BARTOW FL 33830	950 SQUARE LAKE DRIVE BARTOW FL 33830

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/31/1996

4. FEI Number
59-0626759
Applied For
Not Applicable

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

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

9. Name and Address of Current Registered Agent

CLARK, RICHARD
950 SQUARE LAKE DRIVE
BARTOW FL 33830

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 Richard Clark
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 PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
CLARK, RICHARD		1.2 NAME	
ADDRESS 950 SQUARE LAKE DRIVE		1.3 STREET ADDRESS	
ST-ZIP BARTOW FL 33830		1.4 CITY-ST-ZIP	
VSTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
BURDIN, MAYME S		2.2 NAME	
ADDRESS 950 SQUARE LAKE DRIVE		2.3 STREET ADDRESS	
ST-ZIP BARTOW FL 33830		2.4 CITY-ST-ZIP	
D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
WILSON, DONALD H JR.		3.2 NAME	
ADDRESS 150 EAST DAVIDSON STREET		3.3 STREET ADDRESS	
ST-ZIP BARTOW FL 33830		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
ADDRESS		4.3 STREET ADDRESS	
ST ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
ADDRESS		5.3 STREET ADDRESS	
ST ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Richard Clark SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #