

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 Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90017 049 ****61.25

DOCUMENT # N97000000275 ✓

1. Corporation Name LAKE CRESCENT PINES EAST HOMEOWNERS ASSOCIATION INC.

Principal Place of Business Mailing Address P.O. Box 121680 CLERMONT FL. 34712-1680

585373-90017-49

| | | |
|--------------------------------|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 01/16/1997 |
| 22 City & State | 27 City & State | 4. FEL Number |
| 23 Zip | 28 Zip | 59-3426910 |
| 24 Country | 29 Country | 30 Applied For |
| | | Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| WILLIAM KIRCHHOFER 10739 CRESCENDO LOOP CLERMONT FL. 34711 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 WILLIAM KIRCHHOFER DATE 6/18/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DIRECTOR - PRES. <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOODMAN BARRY S. | 1.2 NAME | ROBERT McLAIN |
| STREET ADDRESS | 2909 W. STATE RD 434, #12-131 | 1.3 STREET ADDRESS | P.O. Box 121680 |
| CITY-ST-ZIP | LONGWOOD FL 32779 | 1.4 CITY-ST-ZIP | CLERMONT FL 34712-1680 |
| TITLE | DIRECTOR - S <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | V. PRES, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BIEDERMAN ROBERT A. | 2.2 NAME | WILLIAM KIRCHHOFER |
| STREET ADDRESS | 2909 W. STATE RD 434 | 2.3 STREET ADDRESS | P.O. Box 121680 |
| CITY-ST-ZIP | LONGWOOD FL 32779 | 2.4 CITY-ST-ZIP | CLERMONT FL 34712-1680 |
| TITLE | DIRECTOR - P. <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FREEDMAN, JEROME B. | 3.2 NAME | WILLIAM DASEN |
| STREET ADDRESS | 2909 W. STATE RD. 434 | 3.3 STREET ADDRESS | P.O. Box 121680 |
| CITY-ST-ZIP | LONGWOOD FL 32779 | 3.4 CITY-ST-ZIP | CLERMONT FL 34712-1680 |
| TITLE | DIRECTOR <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RIGGS, DEBBIE | 4.2 NAME | HELENA HELM |
| STREET ADDRESS | 2909 W. STATE RD. 434 | 4.3 STREET ADDRESS | P.O. Box 121680 |
| CITY-ST-ZIP | LONGWOOD FL 32779 | 4.4 CITY-ST-ZIP | CLERMONT FL 34712-1680 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | CRANE HAGENSON |
| STREET ADDRESS | | 5.3 STREET ADDRESS | P.O. Box 121680 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | CLERMONT FL 34712-1680 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

4. 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: WILLIAM KIRCHHOFER V. PRES + Treasurer 6/18/99 352-394-4186

CR2E037 (1/98)