FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Feb 19, 1999 8:00 am Secretary of State

	1999		Secretary of State DIVISION OF CORPORATIONS			7	02-19-1999 90107 044 ****61.25					
DOC 1. Corpor	UMENT # NS	700000	4986		<u>.</u>	,						
LAKE INC.	RICHMOND ESTATE	s neighborh	OOD ASSOCIAT	TON,							,	
Principal 6	Place of Business		Mr. A La				<u> </u>		•		•	
2849 WILLIE MAYS PARKWAY ORLANDO FL 32811-5568			Mailing Address 2849 WILLIE MAYS PARKWAY ORLANDO FL 32811-5568									
2. Principa	al Place of Business	- 2a	Mailing Address									
21		26	Mailing Address				3. Date Incorpora 09/01/1997	ated or Qualifed				
	Apt. #, etc.		Suite, Apt. #, etc.			-	4. FEI Number				Applied For	
22 City & 5	State	27					59-347447	3		 	Not Applicable	
23	state	<u> </u>	City & State				5. Certificate of S	tatus Desired		\$8.7	5 Additional	
Zip	Country	28	Zip	Country	.						Required	
24	25	29	P	30	•		6. Election Camp		П		00 May Be	
	9. Name and Address	s of Current Registe	ered Agent	1301			Trust Fund Co 10. Name and Ad		_	Adde	ed to Fees	
				81	Name		Talle and Ad	diess of IdeM I	vegistered	Agent	 	
HARRIS	, PATSY			82	-	 .						
2849 WILLIE MAYS PARKWAY					Stree	t Addres	s (P.O. Box Numbe	r is Not Accepta	ible)			
ORLAN	OO FL 32811-5568			83							<u> </u>	
							<u></u>			<u>-</u>		
				84	City				EI		ip Code	
11. Pursua	nt to the provisions of Section registered agent, or both, in	ns 617.0502 and 617	1.1508, Florida Statute	s, the above	-named	corpora	ation submits this st	atement for the	Ournose of	changing	its registered	
agent.	r registered agent, or both, in l am familiar with, and accep	t the obligations of, S	. Such change was au Section 617.0503; Flor	ithorized by ida Statutes	the corp	oration's	s board of directors	I hereby accep	t the appoi	ntment as	registered	
SIGNATUR	-											
12.	Signature, typed or printed name of			Registered Agen	signature	required wi			DATE			
TITLE	D	ICERS AND DIREC	DELETE	13.			ADDITIONS/CH/	NGES TO OFF	ICERS AN	D DIRECT	FORS IN 12	
NAME	HARRIS, PATSY		□ DELETE	1.1 TITLE						☐ Change	e Addition	
STREET ADDRES	المستقال والمستقال والمستق	IRKWAY		1.2 NAME		10%	- 24-4					
CITY-ST-ZIP	ORLANDO FL 32811-5			1.3 STREET		1						
TITLE	D		☐ DELETE	1.4 CITY ST 2.1 TITLE	-ZIP	 					<u> </u>	
NAME	SALLEY, JOHN			2.2 NAME						☐ Change	e	
STREET ADDRES						İ						
CITY-ST-ZIP	ORLANDO FL 32811			2.3 STREET								
TITLE	D		☐ DELETE	3.1 TITLE		1				<u> </u>		
NAME	THOMPSON, ANNETTE			3.2 NAME					7-	Change	Addition	
STREET ADDRES	(1071) @ [7]	RKWAY		3.3 STREET	NODRESS							
CITY-ST-ZIP	ORLANDO FL 32811			3.4. CITY-ST							,	
TITLE	D		☐ DELETE	4.1 TITLE						☐ Change	Addition	
NAME	JEMISON, ALBERIC			4. 2 NAME			*			Onlange	C) Addition	
STREET ADDRESS	,			4.3 STREET A	DDRESS					,	. *	
CITY-ST-ZIP	ORLANDO FL 32811			4.4 CITY-ST-	ZIP ;				•			
TITLE	D REMON DETTY		☐ DELETE	5.1 TITLE						Change	Addition	
NAME STREET ADDRESS	KENON, BETTY			5.2 NAME	ĺ							
STREET ADDRESS	1 10 2014111 01			5.3 STREET A	DORESS		•		٠.			
CITY-ST-ZIP TITLE	ORLANDO FL 32811		□ DELETE	5.4 CITY-ST-2	ZIP						٠.	
				CATITIE							1	

ORLANDO FL 32811 6.4 CITY-ST-ZIP 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

THOMAS-SHELLMAN, CORA

2519 SANTANA AVE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

407-422-8380

☐ Change

☐ Addition