

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90041 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000020168

1. Corporation Name

LAKE NONA MANAGEMENT COMPANY

Principal Place of Business

9801 LAKE NONA ROAD  
ORLANDO FL 32827  
US

Mailing Address

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

59-3366124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 200 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

27 SUITE 2300

City & State

28 ORLANDO, FL

Zip Country

29 32801

30

9. Name and Address of Current Registered Agent

GOFF, BARRY L  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

A.G.C. CO.

82 Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH ORANGE AVENUE

83

SUITE 2300

84 City

ORLANDO

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
(NO 11. Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME SILVERTON, VIVIANNE  
STREET ADDRESS 9801 LAKE NONA RD  
CITY-ST-ZIP ORLANDO FL 32827

☐ DELETE

TITLE D  
NAME THAKKAR, RASESH H  
STREET ADDRESS 9801 LAKE NONA RD  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DTV  
NAME VOSS, JEFFERSON R  
STREET ADDRESS 9801 LAKE NONA RD  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VP  
NAME LYON, R RANDOLPH JR  
STREET ADDRESS 9801 LAKE NONA RD  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Jefferson R. Voss (407)851-9091

Date

Daytime Phone #

CR2E034 (11/98)