

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **762796** (1)

1. Corporation Name

**LAKE JOANNA ESTATES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**LAKE JOANNA ESTATES  
PO BOX 895  
EUSTIS FL 32727  
US**

**LAKE JOANNA ESTATES  
PO BOX 895  
EUSTIS FL 32727-0895  
US**

3. Date Incorporated or Qualified  
**04/08/1982**

3a. Date of Last Report  
**06/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-2537480**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, FREDERICK R.  
1229 GRAY COURT  
EUSTIS FL 32726**

81 Name **LAWRENCE E. HOAG**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1206 MARSHALL CT**

83

84 City **EUSTIS**

85 Zip Code **FL 32726**

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

*Lawrence E. Hoag*  
Signature of registered agent and title if applicable

**LAWRENCE E. HOAG TREASURER**

**4-27-97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HEDE, HAROLD	
STREET ADDRESS	3216 WINDHAM DRIVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DELUCIA, TOM	
STREET ADDRESS	3020 WINDHAM DR.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GRAVER, LAURA	
STREET ADDRESS	1201 MARSHALL COURT	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEETS, MIKE	
STREET ADDRESS	3035 WINDHAM DRIVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, FREDERICK R	
STREET ADDRESS	1229 GRAY CT	
CITY-ST-ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS DANIEL WALSH
3.3 STREET ADDRESS	3100 WINDHAM DR
3.4 CITY-ST-ZIP	EUSTIS FL 32726
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D JOSE PEREIRA
4.3 STREET ADDRESS	2807 WINDHAM DR
4.4 CITY-ST-ZIP	EUSTIS FL 32726
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DT LAWRENCE E. HOAG
5.3 STREET ADDRESS	1206 MARSHALL CT
5.4 CITY-ST-ZIP	EUSTIS FL 32726
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*Lawrence E. Hoag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-97**

Date

Daytime Phone # 0013711

CR2E037 (9/96)