

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005653 (0)**

1. Corporation Name

FLORIDA LAKE MANAGEMENT SOCIETY, INC.



Principal Place of Business Mailing Address
7874 MCCLURE DR 9151 LeHall Sq W P.O. BOX 92448
TALLAHASSEE FL 32312 LAKELAND FL 33804-2448
US Lakeland FL 33810

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

59-8301751

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 9151 LEHALL Sq. W 26 PO Box 92448
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Lakeland FL 28 Lakeland FL 33804
Zip Country Zip Country
24 33810 25 Polk 29 33804-2448 30 Polk

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATKINS, CURTIS
7874 MCCLURE DR
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name **Gene Medley**
82 Street Address (P.O. Box Number is Not Acceptable)
9151 LEHALL Square West
83 **Lakeland**
84 City **FL** 85 Zip Code **33810**

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 **Gene Medley** **GENE MEDLEY, President** **1-31-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PAGE, NANACY	
STREET ADDRESS	2026 DODGE ST	
CITY-ST-ZIP	OCLEARWATER FL 34620	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	LEASURE, PAM	
STREET ADDRESS	3888 LACCOSTA LN	
CITY-ST-ZIP	LARGO FL 34616	
TITLE	Past Pres	<input checked="" type="checkbox"/> DELETE
NAME	WATKINS, CURTIS	
STREET ADDRESS	7874 MCCLURE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VP President	<input type="checkbox"/> DELETE
NAME	MEDLEY, GENE	
STREET ADDRESS	9151 LEHALL SQUARE W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	MCCRISTAL, JULIE	
STREET ADDRESS	3120 VINE STREET	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ROBISON, DOUG	
STREET ADDRESS	1516 EDEN ISLE BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Larry Battoe - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PO BOX 109 Highway 100 West	
1.3 STREET ADDRESS	Palatka FL 32178	
1.4 CITY-ST-ZIP		
2.1 TITLE	Roger Copp - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5130 Eisenhower Blvd Suite 105	
2.3 STREET ADDRESS	Tampa FL 33634	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002518204	
5.3 STREET ADDRESS	-05/11/98--01025--025	
5.4 CITY-ST-ZIP	***61.25	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Gene Medley** **GENE MEDLEY** **3-10-98** **941 603 6307**

CR2E037 (10/97)