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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N94000005653

1. Corporation Name

FLORIDA LAKE MANAGEMENT SOCIETY, INC.

Principal Place of Business

9151 LEHALL SQ. W.
 LAKELAND FL 33810
 US

Mailing Address

PO BOX 92448
 LAKELAND FL 33804



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

59-3301751

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

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MEDLEY, GENE
 9151 LEHALL SQUARE WS.
 LAKELAND FL 33810

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, NANACY	
STREET ADDRESS	2026 DODGE ST	
CITY-ST-ZIP	CCLEARWATER FL 34620	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEASURE, PAM	
STREET ADDRESS	3866 LACCOSTA LN	
CITY-ST-ZIP	LARGO FL 34616	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BATTOE, LARRY	
STREET ADDRESS	HWY 100 W	
CITY-ST-ZIP	PALATKA FL 32178	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MEDLEY, GENE	
STREET ADDRESS	9151 LEHALL SQUARE W.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPP, ROGER	
STREET ADDRESS	5130 EISENHOWER BLVD., STE 105	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Mattson	
1.3 STREET ADDRESS	9225 CR 49	
1.4 CITY-ST-ZIP	LIVE OAK, FL 32060	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin McCann	
2.3 STREET ADDRESS	400 S. Orange Avenue - 7th floor	
2.4 CITY-ST-ZIP	ORLANDO, FL 32801	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Larry Battoe	
3.3 STREET ADDRESS	1611 N.W. 6th Avenue	
3.4 CITY-ST-ZIP	Gainesville, FL 32603	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harvey Harder	
4.3 STREET ADDRESS	3419 Timberwood Blvd Ste 102	
4.4 CITY-ST-ZIP	ORLANDO, FL 32812	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ernesto Lasso de la Vega	
5.3 STREET ADDRESS	P.O. Box 60005	
5.4 CITY-ST-ZIP	Fort Meyers, FL 33906 (N/A)	
6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lucee Price	
6.3 STREET ADDRESS	843 Timberland Trail	
6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

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 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:

Lucee Price 2-10-99 4072928396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)