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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 724885

1. Corporation Name

LAKE PADGETT ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4533 SAVANNAH DRIVE
LAND O'LAKES FL 34639
US

Mailing Address

P. O. BOX 489
LAND O'LAKES FL 34639-0489
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/28/1972

4. FEI Number

59-1608997

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

9. Name and Address of Current Registered Agent

WHITMORE, HARRY R.
4533 SAVANNAH DR.
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

Betty D. Valenti

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

4533 Savannah Dr.

83

84 City

Land O'Lakes

FL

85 Zip Code

34639

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 Betty D. Valenti, Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

May 6, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ORTIZ, WALTER
STREET ADDRESS 4533 SAVANNAH DRIVE
CITY-ST-ZIP LAND O' LAKES FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS FRYMAN, LINDA
CITY-ST-ZIP 4533 SAVANNAH DRIVE
LAND O' LAKES FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS SALTER, WILLIAM A.
CITY-ST-ZIP 4533 SAVANNAH DRIVE
LAND O' LAKES FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS HALLBERG, NILS
CITY-ST-ZIP 4533 SAVANNAH DRIVE
LAND O' LAKES FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS GRAFF, KELLEY
CITY-ST-ZIP 4533 SAVANNAH DRIVE
LAND O' LAKES FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS GARCIA, FELIX
CITY-ST-ZIP 4533 SAVANNAH DRIVE
LAND O' LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

President

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

D

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

V

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D

☐ Change ☒ Addition

5.2 NAME

DANIEL FICETOLA

5.3 STREET ADDRESS

4533 SAVANNAH DRIVE

5.4 CITY-ST-ZIP

LAND O'LAKES FL

6.1 TITLE

S

☐ Change ☒ Addition

6.2 NAME

TOM CHAMPION

6.3 STREET ADDRESS

4533 SAVANNAH DRIVE

6.4 CITY-ST-ZIP

LAND O'LAKES FL

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:

Walter Ortiz REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

5416751-90004-19
724885

OFFICERS AND DIRECTORS

TITLE: D
NAME: NICK SPIRAKIS
STREET ADDRESS: 4533 SAVANNAH DRIVE
CITY-ST-ZIP: LAND O'LAKES FL 34639