**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katgerine Harris

Secretary of State

DIVISION OF CORPORATIONS

5622 Clearview DR

Country

DRANGE

## **DOCUMENT #**

LAKE CARE HILLS 15 ADDITION COM. ASSOC. INC

28

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

328/9

Zip

24

ORIANDO City & State

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

ORIGIDO

City & State

WESTMAR + RIDGEWAY DR (PARK)
ORLANDO F1 32819

orange

\_Country

25

	_ <b>         </b>	LŁD		
May	15, 1	1999	8:00	am
Seci	retái	y of	State	2
		-	****61.25	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

7-9-86

4. FEI Number

59-3025423

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
NINA LIZZOII			١	Name				
5622 Clearview Da BRIGADO, FI 32819			8	Street Address (P.O. Box Number is Not Acce	ptable)			
				<u> </u>				
BRIC	and, Fl	83						
		84	7	Dity	F	85 Zip Co	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, t				amed corporation submits this statement for t	he purpose o	of changing its re	egistered	
office or registered agent, or both, in the State of Florida. Such ochange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of Section 617 0503. Florida Statutes								
SIGNATURE	Nina Lyole					4/1/99	•	
BIGHATORE	Signature, typed or printed name of sistered agent and title if applicable. (NOTE: Reg		nt sig	gnature required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	PRESIDENT DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	NINA LIZZOII	1.2 NAME						
STREET ADDRESS	RESS 5622 elearview DR		T AD	DRESS				
CITY-ST-ZIP			ST-ZI	P				
TITLE	UP □ DELETE	2.1 TITLE				Change	Addition	
NAME	Kerry Chester							
STREET ADDRESS	DORESS WOSTMAR DR		TAD	DRESS				
CITY-ST-ZIP	ORIANDO F/ 328/9	2. 4 CITY-S	ST-Z	IP				
TITLE	DIRECTOR DELETE	3.1 TITLE				Change	☐ Addition	
NAME	Len E.		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	oplando F1 32819	3.4. CITY-S	ST-Z	BP				
TITLE	DIRECTOR DELETE	4.1 TITLE				Change	☐ Addition	
NAME	Inch guach	4. 2 NAME						
STREET ADDRESS	Jeff Bush	4.3 STREET	TAD	DRESS				
CITY-ST-ZIP	5719 Clearview De 37819	4.4 CITY-S	T-ZII	P				
TITLE	Connie Migliara Sec/TRES DELETE	51 TITLE				☐ Change	☐ Addition	
NAME	5666 Ridgewood DR	5.2 NAME						
STREET ADDRESS	2016	5.3 STREET	T ADI	DRESS				
CITY-ST-ZIP	Connie Migliara Sec/TRES DELETE 5606 Ridgewog Da  DRIANDO FI 32819	5.4 CITY-S	T-ZII	Р				
TITLE	☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME		6.2 NAME					ļ	
STREET ADDRESS		6.3 STREET	TAD	DRESS			İ	
CITY-ST-ZIP		6.4 CITY-S		,				
14. I hereby certify that the information supplied with this filling 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.