FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

05-19-1999 90026 002 ***667.50
N97000001246

FILED
99 SEP 24 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001246

1. Corporation Name
LAKE STEER POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1017 E. SOUTH STREET ORLONDO FL 32801	1017 E. SOUTH STREET ORLONDO FL 32801

2. Principal Place of Business	2a. Mailing Address
21 5695 Beggs Rd	26 5695 Beggs Rd.
Suite, Apt. #, etc. 22 Ste B-100	Suite, Apt. #, etc. 27 Ste B-100
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip 24 32810 Country 25 US	Zip 29 32810 Country 30 US

3. Date Incorporated or Qualified: 03/07/1997

4. FEI Number: 59-3470141 ☐ 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. Name and Address of Current Registered Agent

HILL, CAREY L.
1017 E. SOUTH STREET
ORLONDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Thornton, Harkley
82 Street Address (P.O. Box Number is Not Acceptable): 5695 Beggs Road Ste B-100
83
84 City: Orlando FL 85 Zip Code: 32810

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: Harkley L Thornton 9/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASEY, DENNIS J		1.2 NAME		
STREET ADDRESS	1017 E. SOUTH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLONDO FL 32801		1.4 CITY-ST-ZIP		
TITLE	STVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, CASEY L		2.2 NAME		
STREET ADDRESS	1017 E. SOUTH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLONDO FL 32801		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, SUZAN		3.2 NAME		
STREET ADDRESS	1017 E. SOUTH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLONDO FL 32801		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		SP

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: Dennis Casey SIGNATURE REQUIRED 4-25-99
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis Casey

CR2E037 (11/98)