FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701128 (1)

1. Corporation Name

LAKE GERTRUDE MANOR ASSOCIATION AND WATER SUPPLY , INC.

Principal Place of Business	Mailing Address
1635 SUNSET CIR MT DORA FL 32757 US	1635 SUNSET CIR MT DORA FL 32757 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1960
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-6512455 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Audrey Gray	26 685 Sunset Cr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mt. Dora, Fl	28 City & State
24 Zip: 32757 25 Country: USA	29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LACKEY, ROBERT F 1635 SUNSET CIRCLE MT DORA FL 32757	81 Name: Audrey Gray 82 Street Address (P.O. Box Number is Not Acceptable): 1685 Sunset Cr. 83 84 City: Mt. Dora, Fl FL 85 Zip Code: 32757

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/1/95
* 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	11 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, MICHELE	12 NAME	
STREET ADDRESS	1665 SUNSET CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	14 CITY-ST-ZIP	400001490274 -05/17/95--01032--007 ****130.00
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	SHARFF, ROBERT	22 NAME	
STREET ADDRESS	1620 SUNSET CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	24 CITY-ST-ZIP	****130.00
TITLE	TD	31 TITLE TD	☒ Change ☐ Addition
NAME	~~LACKEY, ROBERT H.~~	32 NAME	Harold Christensen
STREET ADDRESS	~~1665 SUNSET CIRCLE~~	33 STREET ADDRESS	1649 Sunset Cr.
CITY-ST-ZIP	~~MT. DORA FL~~	34 CITY-ST-ZIP	Mt. Dora, Fl - 32757
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	GRAY, AUDREY	42 NAME	
STREET ADDRESS	1685 SUNSET CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	DB 5/12
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 5/30/95 904.383 4285
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
[signature] 5/1/95 904 735 1420

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