

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701128 (1)**

1. Corporation Name

**LAKE GERTRUDE MANOR ASSOCIATION AND WATER SUPPLY, INC.**

Principal Place of Business

Mailing Address

HELEN SWEENEY  
1530 SUNSET CR  
MT DORA FL 32757  
US

HELEN SWEENEY  
1530 SUNSET CR  
MT DORA FL 32757  
US

2. Principal Place of Business

2a. Mailing Address

21 **JOHN ROSSODIVITO**  
Suite, Apt. #, etc.  
22 **1690 SUNSET CIRCLE**  
City & State  
23 **MOUNT DORA, FL**  
Zip  
24 **32757**  
Country  
25 **USA**

26 **JOHN ROSSODIVITO**  
Suite, Apt. #, etc.  
27 **1690 SUNSET CIRCLE**  
City & State  
28 **MOUNT DORA, FL**  
Zip  
29 **32757**  
Country  
30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/25/1960**

4. FEI Number

**59-6512455**

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**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **JOHN ROSSODIVITO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1690 SUNSET CIRCLE**  
83  
84 City **MOUNT DORA, FL** 85 Zip Code **32757**

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

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

**JOHN ROSSODIVITO**

**4/28/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SWEENEY, HELEN</b>	
STREET ADDRESS	<b>1530 SUNSET CIRCLE</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARFF, ROBERT</b>	
STREET ADDRESS	<b>1620 SUNSET CIRCLE</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTENSEN, HAROLD</b>	
STREET ADDRESS	<b>1643 SUNSET CR</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FILLER, FRED</b>	
STREET ADDRESS	<b>1525 SUNSET CIRCLE</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>ST/TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROSSODIVITO, JOHN</b>	
1.3 STREET ADDRESS	<b>1690 SUNSET CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>	
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SHARIFF, ROBERT</b>	
2.3 STREET ADDRESS	<b>1620 SUNSET CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>MT. DORA, FL 32757</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FILLER, FRED</b>	
3.3 STREET ADDRESS	<b>1525 SUNSET CIRCLE</b>	
3.4 CITY-ST-ZIP	<b>MT. DORA, FL 32757</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*John Rossodivito*

**JOHN ROSSODIVITO 4/28/98 352/735-9344**

CP2E037 (10/97)