

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90092 020 ****61.25

0014361

DOCUMENT # 701128

1. Corporation Name

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

Principal Place of Business

ROSSODIVITO, JOHN
1690 SUNSET CIRCLE
MT DORA FL 32757
US

Mailing Address

ROSSODIVITO, JOHN
1690 SUNSET CIRCLE
MT DORA FL 32757
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

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

9. Name and Address of Current Registered Agent

ROSSODIVITO, JOHN
1690 SUNSET CIRCLE
MT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

FRED K. FILLER

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

83

1525 SUNSET CIR

84 City

MT. 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:

Fred K. Filler

FRED K. FILLER

4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STTD
STREET ADDRESS ROSSODIVITO, JOHN
CITY-ST-ZIP 1690 SUNSET CIRCLE
MT. DORA FL 32757

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS SHARIFF, ROBERT
CITY-ST-ZIP 1620 SUNSET CIRCLE
MT. DORA FL 32757

TITLE ☐ DELETE

NAME PD
STREET ADDRESS FILLER, FRED
CITY-ST-ZIP 1525 SUNSET CIRCLE
MT DORA FL 32757

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS FILLER, FRED
CITY-ST-ZIP 1525 SUNSET CIRCLE
MT. DORA FL 32757

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME PD
STREET ADDRESS FRED K. FILLER
CITY-ST-ZIP 1525 SUNSET CIR
MT. DORA FL 32757

2.1 TITLE ☐ Change ☐ Addition

NAME VPD
STREET ADDRESS ROBERT LUTTRELL
CITY-ST-ZIP 1605 SUNSET CIR
MT. DORA FL 32757

3.1 TITLE ☐ Change ☐ Addition

NAME HELEN SIBRENEY SD
STREET ADDRESS HELEN SIBRENEY
CITY-ST-ZIP 1530 SUNSET CIR
MT. DORA FL 32757

4.1 TITLE ☐ Change ☐ Addition

NAME TD
STREET ADDRESS ANDREY GRAY
CITY-ST-ZIP 1685 SUNSET CIR
MT. DORA FL 32757

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Fred K. Filler FREDER K. FILLER

4/22/99

352-135-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)