FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORRORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Feb 16 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MT PLYMOUTH LAKES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business		Mailing Address			f 188111 (601) detae titet eithe eithe fitt biett eint eitet eitet eitet eitet ein	
% 6333 N. MT. PLYMOUTH ROAD P.O. BOX 912 APOPKA FL 32704		% 6333 N. MT. PLYMOUTH ROAD P.O. BOX 912 APOPKA FL 32704			3. Date Incorporated or Qualified 02/06/1962 4. FEI Number Applied For	
					4, FEI Number Applied For 59-2426211 Not Applied	ole
2. Principal Place of Business 21		2a. Mailing Address			5. Certificate of Status Desired Section Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & State		City & State			Trust Fund Contribution Added to Fees 7. is this nonprofit corporation a homeowners association?	\dashv
23		28			Yes No	
Zip	Country 26	Zip 29	Countr 30	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
DAVIS, ROSE 649 N. SLOTE DR.			82	Street	Address (P.O. Box Number is Not Acceptable)	
	FL 32712		63			
			84	1,	FL 85 Zip Code	
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Storushure, typod or printed name of registered a	The second state of more liverage (NOTE)	· Pagisternal As	ant elegature	ra required when reinstating) DATE	
12.		ND DIRECTORS	13.	on agratura	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	Director	DELETE	1.1 TITLE			on
NAME	STAPLETON, PEGGIE		1.2 NAME		Bruce LEBEAU Michange LAGOIN	
STREET ADDRESS	627 DISNEY DR		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CITY-		APOPKZ FLA 32712	
TITLE	S	DELETE		Sec	DIANA ROWMY & Change Addit	OH
NAME	CARBINO, DIANA	•	2.2 NAME		6301 LAKE LERL'S Dh.	
STREET ADDRESS	633 DUNLAP DR			T ADDRESS	APOPKA FLA 327/2	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	Dhes. Change Additi	lon
TITLE		C pecese	3.1 TITLE 3.2 NAME		MILLOTO NEWBY	
NAME	NEWTON, MILLIARD 6403 N STANWIN DR		1	T ADDRESS		
STREET ADDRESS	APOPKA FL		3.4. CITY		APOPKA FLZ 327/2	
CITY-ST-ZIP TITLE	D	DELETE	4.1 TITLE	- 51 - ZIF	Circlet Di Change L Additi	ion
NAME	DAVIS, ROSE	~	4. 2 NAM		anna Mc Dinnes	
STREET ADDRESS	649 N. SLOTE DR.			T ADDRESS	anna Mc Dinnes	
CITY-ST-ZIP	APOPKA FL	_	4.4 CITY-		apopla, Fli 32712	
TITLE	D	DELETE	5.1 TITLE		TOOAS Additi	ion
NAME	WICKS, EDWARD	/*	5.2 NAME		BETTY NEW TON LY03 STANWIN DE	
STREET ADDRESS	6431 N. STANWIN DR.		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	APOPKA FL		5.4 CITY-	ST-ZIP	APOPKA FLA 32712	
TITLE	Director.	, DELETE	6.1 TITLE		☐ Change ☐ Addit	lon
NAME	Tammy Tr	(99)	6.2 NAME			
STREET ADDRESS	6308 Sake	gorla Dr.	6.3 STREE	T ADDRESS		

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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 adactment with an address.