

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 706268 (0)

1. Corporation Name

LAKE OSBORNE ESTATES CMC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1415 TAHOE COURT
LAKE WORTH FL 33461-6031
US**

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LAKE WORTH FL 33461-6031
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1963

3a. Date of Last Report

03/08/1994

4. FEI Number

05-9619746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1510 High Ridge Road

26 P.O. Box 6014

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake Worth, FLA

28 Lake Worth, FLA

Zip

Zip

Country

Country

24 33461

25 Palm Beach

29 33466

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALSMeyer, RALPH
1415 TAHOE COURT
LAKE WORTH FL 33461**

81 Name

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

83

84 City

FL

85 Zip Code

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, 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	D
NAME	SILVER, LAWRENCE B.
STREET ADDRESS	5358 LAKE OSBORNE DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 00000
TITLE	PD
NAME	MARLOWE, STEVEN
STREET ADDRESS	1414 LAKE BASS
CITY - ST - ZIP	LAKE WORTH FL
TITLE	TD
NAME	ALSMeyer, RALPH
STREET ADDRESS	1415 TAHOE CT.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VD
NAME	BORDEN, JAMES F.
STREET ADDRESS	1413 TAHOE CT
CITY - ST - ZIP	LAKE WORTH, FL 00000
TITLE	VP
NAME	LATHROP, FERRIS
STREET ADDRESS	1947 FITTIN COURT
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD
NAME	RINAUDO, CAROL
STREET ADDRESS	1415 HIGH RIDGE ROAD
CITY - ST - ZIP	LAKE WORTH FL

1.1 TITLE	CD	☒ Change ☐ Addition
1.2 NAME	Glen Smith	
1.3 STREET ADDRESS	1608 Nanette CT	
1.4 CITY - ST - ZIP	Lake Worth, FL 33461	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	☐ Change ☐ Addition
5.2 NAME	Don Maulo	
5.3 STREET ADDRESS	1415 Ontario Dr.	
5.4 CITY - ST - ZIP	Lake Worth, FL	
6.1 TITLE	S	☒ Change ☐ Addition
6.2 NAME	Peggy Steckl	
6.3 STREET ADDRESS	1324 Ontario Drive	
6.4 CITY - ST - ZIP	Lake Worth, FL 33461	

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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 407-582-3629
Date Daytime Phone