SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

SIGNATUR

1998



FLORIDA DEPARTMENT OF STATE

FILED

Aug 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 727040

(8)

LAKES A	AREA PROPERTY OWNERS	ASSOCIATION, INC.		
Principal Plac	e of Business	Mailing Address		אפוב אפוב חודום וופום נוסוס וופום נוסט נוסט נוסט אופס וופגים אופס וופנים ווסדו ביוסט וופסט וו
1503 E. CROOKED LAKE DRIVE 1503 E. CROOKED LAKE EUSTIS FL 32726 EUSTIS FL 32726		DRIVE	3. Date Incorporated or Qualified 07/25/1973 4. FEI Number Applied For	
				23-7362672 Not Applicable
Principal Place of Business 1		2a. Malling Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners essociation? Yes No
Zlp	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Curren	1 Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	e, reding and Address of Cuffen	r weitiereten witetir	81 Name	10. Haine and Address of Heat Ledistaled Affaut
TALLY, LOU 3900 LAKE CENTER DRIVE, STE A-4				
MT DORA	FL 32 757		63 _	
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NC	OTE: Registered Agent signatu	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DODEST A	DELETE	1.1 TITLE	S/D Change X Addition
NAME STREET ADDRESS	ERICKSON, ROBERT A 1503 E. CROOKED LAKE DR		1.3 STREET ADDRESS	Lewis, Walter 1707 E. Crooked Lake Dr.
CITY-ST-ZIP	EU\$TIS FL 32726		1.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	0	DELETE	2.1 TITLE	T/D Change X Addition
NAME	CONOVER, CHARLES		2.2 NAME	Gray, Ruth
STREET ADDRESS	100 10 000 1111		2.3 STREET ADDRESS	33325 E. Lake Johanna
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	VPD	DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS	PATROWICZ, TULLY 1700 COUNTRY CLUB RD		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726		3.4 City-St-Zip	
TITLE	D	X) DELETE	4.1 TITLE	Change Addition
NAME	COOK, NEWELL	[-] perete	4.2 NAME	
STREET ADDRESS	110 LAKE JOANNA DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726		4.4 CITY-ST-ZIP	
TITLE	D	X DELETE	5.1 TITLE	Change Addition
NAME	ERIOKSON, SANDRA		5.2 NAME	
STREET ADDRESS	1503 E. CROOKED LAKE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	Change Addition
NAME	MUTTON, MARGERIE		6.2 NAME	
	,		6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	this filling does not qualify for t	6.4 CITY-ST-ZIP	n section 119.07(3)(I), Florida Statutes. I further certify that the Information
Indicated an officer in Block 1:	on this annual report or supplemental or director of the corporation or the re 2 or Block 13 if changed, er on an atte	annual report is true and accu- ceiver or trustee empowered to the common with an address.	rate and that my sign execute this report	ature shall have the same legal effect as if made under path; that I am as required by Chapter 617, Florida Statutes; and that my name appears