

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:44

DOCUMENT # 727279 (2)

1. Corporation Name

LAKE RUTH SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

113 SHOMATE DR.
LONGWOOD FL 32750
US

Mailing Address

113 SHOMATE DR.
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1973

3a. Date of Last Report

07/12/1994

4. FEI Number

59-6519004

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ANGELOTTI, VINCENT C.
113 SHOMATE DR.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

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 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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
ANGELOTTI, VINCENT E.
113 SHOMATE DR.
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
SPEISS, PAUL
109 SHOMATE DR.
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
JOHNSON, DAVIS
118 SHOMATE DR.
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
DODOS, GARY
121 SHOMATE DR
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PRINCE, JOHN
202 HALSLIP PLACE
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KIMMINTS, CAROL
113 SHOMATE DR.
LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent E. Angelotti 6/10/95 323-7730