

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/24/1973

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

21 **121 SHOMATE DR.**

2a. Mailing Address

26 **121 SHOMATE DR.**

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**

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

City & State

23 **LONGWOOD, FL**

City & State

28 **LONGWOOD, FL**

Zip

24 **32750**

Country

Zip

29 **32750**

Country

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

DODDS, GARY R.

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

121 SHOMATE DR.

83

84 City

LONGWOOD

FL

85 Zip Code

32750

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

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

GARY R. DODDS

(NOTE: Registered Agent signature required when reinstating)

03/05/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **ANGELOTTI, VINCENT E.**
STREET ADDRESS **113 SHOMATE DR.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **V** ☒ DELETE

NAME **SPEISS, PAUL**
STREET ADDRESS **109 SHOMATE DR.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **S** ☐ DELETE

NAME **JOHNSON, DAVIS**
STREET ADDRESS **118 SHOMATE DR.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **T** ☐ DELETE

NAME **DODOS, GARY**
STREET ADDRESS **121 SHOMATE DR**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE

NAME **PRINCE, JOHN**
STREET ADDRESS **202 HALSLIP PLACE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☒ DELETE

NAME **KIMMINTS, CAROL**
STREET ADDRESS **113 SHOMATE DR.**
CITY-ST-ZIP **LONGWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **T** ☐ Change ☒ Addition

1.2 NAME **DODDS, MIRIAM T**
1.3 STREET ADDRESS **121 Shomate Dr.**
1.4 CITY-ST-ZIP **Longwood, FL 32750**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **PLATO, CHARLENE**
2.3 STREET ADDRESS **122 Shomate Dr.**
2.4 CITY-ST-ZIP **Longwood, FL 32750**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **P** ☒ Change ☐ Addition

4.2 NAME **DODDS, GARY R.**
4.3 STREET ADDRESS **121 Shomate Dr.**
4.4 CITY-ST-ZIP **Longwood, FL 32750**

5.1 TITLE **V** ☒ Change ☐ Addition

5.2 NAME **PRINCE, JOHN**
5.3 STREET ADDRESS **202 HALSLIP PLACE**
5.4 CITY-ST-ZIP **Longwood, FL 32750**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **STEELE, HILDA**
6.3 STREET ADDRESS **134 Shomate Dr.**
6.4 CITY-ST-ZIP **Longwood, FL 32750**

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 119.07(3)(k), 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:

GARY R. DODDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. DODDS

03/05/96

Date

Daytime Phone: #

CR2E037 (12/95)