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FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

121 SHOMATE DR  
LONGWOOD FL 32750  
US

Mailing Address

121 SHOMATE DR  
LONGWOOD FL 32750-3040  
US3. Date Incorporated or Qualified  
08/24/19733a. Date of Last Report  
03/11/1996

4. FEI Number

59-6519004

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 121 Shomate Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 121 Shomate Dr.  
Suite, Apt. #, etc.

City &amp; State

23 Longwood, FL

City &amp; State

28 Longwood, FL

Zip Country

24 32750

25

Zip Country

29 32750

30

9. Name and Address of Current Registered Agent

DODDS, GARY R.  
121 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)

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 3-24-97

12. OFFICERS AND DIRECTORS

TITLE T ☐ DELETE  
NAME DODDS, MIRIAM T.  
STREET ADDRESS 121 SHOMATE DR  
CITY-ST-ZIP LONGWOOD FL  
No changeTITLE D ☐ DELETE  
NAME PLATO, CHARLENE  
STREET ADDRESS 122 SHOMATE DR  
CITY-ST-ZIP LONGWOOD FL  
No changeTITLE S ☐ DELETE  
NAME JOHNSON, DAVIS  
STREET ADDRESS 118 SHOMATE DR.  
CITY-ST-ZIP LONGWOOD FL  
No changeTITLE P ☐ DELETE  
NAME DODDS, GARY R.  
STREET ADDRESS 121 SHOMATE DR  
CITY-ST-ZIP LONGWOOD FL  
No changeTITLE V ☐ DELETE  
NAME PRINCE, JOHN  
STREET ADDRESS 202 HALSLIP PLACE  
CITY-ST-ZIP LONGWOOD FL  
No changeTITLE D ☐ DELETE  
NAME STEELE, HILDA  
STREET ADDRESS 134 SHOMATE DR  
CITY-ST-ZIP LONGWOOD FL  
No change

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T No change ☐ Change ☐ Addition  
1.2 NAME Dodds, Miriam T.  
1.3 STREET ADDRESS Longwood, FL 32750  
1.4 CITY-ST-ZIP2.1 TITLE D No change ☐ Change ☐ Addition  
2.2 NAME Plato, Charlene  
2.3 STREET ADDRESS 122 Shomate Dr.  
2.4 CITY-ST-ZIP Longwood, FL 327503.1 TITLE S No change ☐ Change ☐ Addition  
3.2 NAME Johnson, Davis  
3.3 STREET ADDRESS 118 Shomate Dr.  
3.4 CITY-ST-ZIP Longwood, FL 327504.1 TITLE P No change ☐ Change ☐ Addition  
4.2 NAME Dodds, Gary R.  
4.3 STREET ADDRESS 121 Shomate Dr.  
4.4 CITY-ST-ZIP Longwood, FL 327505.1 TITLE V No change ☐ Change ☐ Addition  
5.2 NAME Prince, John  
5.3 STREET ADDRESS 202 Halslip Place  
5.4 CITY-ST-ZIP Longwood, FL 327506.1 TITLE D No change ☐ 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 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 attachment with an address.

SIGNATURE: Gary R. Dodds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013975

✓ 3-24-97

CR2E037 (9/96)