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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727279 (2)

1. Corporation Name

LAKE RUTH SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
121 SHOMATE DR LONGWOOD FL 32750 US	121 SHOMATE DR LONGWOOD FL 32750 US

2. Principal Place of Business	2a. Mailing Address
21 129 Shomate Dr.	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
Longwood, FL 32750	
24 Zip	29 Country

3. Date Incorporated or Qualified

08/24/1973

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DODDS, GARY R.
121 SHOMATE DR
LONGWOOD FL 32750

81 Name

Kay M. Kaley

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

129 Shomate Drive

83

84 City

Longwood

FL

85 Zip Code

32751

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

Kay M. Kaley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/98
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DODDS, MIRIAM T.
STREET ADDRESS	121 SHOMATE DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PLATO, CHARLENE
STREET ADDRESS	122 SHOMATE DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DAVIS
STREET ADDRESS	118 SHOMATE DR.
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DODDS, GARY R.
STREET ADDRESS	121 SHOMATE DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	PRINCE, JOHN
STREET ADDRESS	202 HALSLIP PLACE
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	STEELE, HILDA
STREET ADDRESS	134 SHOMATE DR
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAY Treasurer
1.3 STREET ADDRESS	KAY M. KALEY
1.4 CITY-ST-ZIP	129 SHOMATE DRIVE
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	John Prince
2.4 CITY-ST-ZIP	202 Halslip Place
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	Hilda Steele
3.4 CITY-ST-ZIP	134 Shomate Drive
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT
4.3 STREET ADDRESS	Joyce Peters
4.4 CITY-ST-ZIP	123 Shomate Drive
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	Ken Chitwood
5.4 CITY-ST-ZIP	130 Shomate Drive
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Kay M. Kaley
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/98 (407)831-9643

CR2E037 (10/97)