

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90092 038 ****61.25

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DOCUMENT # 727279

1. Corporation Name

LAKE RUTH SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

129 SHOMATE DR
LONGWOOD FL 32750
US

Mailing Address

121 SHOMATE DR
LONGWOOD FL 32750
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 129 Shomate Dr

27 Suite, Apt. #, etc.

28 Longwood FL

Zip

Country

29 32750

30 US

3. Date Incorporated or Qualified

08/24/1973

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

KALEY, KAY M
129 SHOMATE DRIVE
LONGWOOD FL 32751

10. Name and Address of New Registered Agent

81 Name

Kay M. Kaley

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

129 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME KALEY, KAY M
STREET ADDRESS 129 SHOMATE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

1.1 TITLE ☐ Change ☐ Addition

P ☐ DELETE

NAME PRINCE, JOHN
STREET ADDRESS 202 HAILSLIP PLACE
CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE ☐ Change ☐ Addition

S ☐ DELETE

NAME STEELE, HILDA
STREET ADDRESS 134 SHOMATE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

3.1 TITLE ☐ Change ☐ Addition

VP ☐ DELETE

NAME PETERS, JOYCE
STREET ADDRESS 123 SHOMATE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

4.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

NAME CHITWOOD, LEN
STREET ADDRESS 130 SHOMATE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

5.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

NAME STEELE, HILDA
STREET ADDRESS 134 SHOMATE DR
CITY-ST-ZIP LONGWOOD FL

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1999 (407) 831-9643
Date Daytime Phone #

CR2E037 (11/98)