

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90011 005 ****61.25

DOCUMENT # 727279

1. Entity Name

LAKE RUTH SOUTH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

123 SHOMATE DR
LONGWOOD FL 32750
US

Mailing Address

123 SHOMATE DR
LONGWOOD FL 32750
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, JOYCE M
123 SHOMATE DRIVE
LONGWOOD FL 32750

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PETERS, JOYCE M	
STREET ADDRESS	123 SHOMATE DRIVE	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PERDUE, BOSS	
STREET ADDRESS	128 SHOMATE DRIVE	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE	Kathy Bader	<input type="checkbox"/> Delete
NAME	203 Haislip Place	
STREET ADDRESS	Longwood, FL 32750	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce Peters Joyce Peters

407-339-8545