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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 734346

1. Corporation Name

LAKE MARY COMMUNITY IMPROVEMENT ASSOCIATION, INC

Principal Place of Business

260 NO COUNTRY CLUB RD
PO BOX 950622
LAKE MARY FL 32795-0622
US

Mailing Address

260 NO COUNTRY CLUB RD
PO BOX 950622
LAKE MARY FL 32795-0622
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/17/1975

4. FEI Number

59-1639544

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

LOE, BRIAN R
3074 W LAKE MARY BLVD
#136
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE **PD** ☐ DELETE

NAME **SAWYER, SHEILA**
STREET ADDRESS **291 EVANSDALE RD.**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **VD** ☐ DELETE

NAME **FORNER, DOUG**
STREET ADDRESS **101 CHANNEL DR**
CITY-ST-ZIP **LK MARY, FL 0**

TITLE **TD** ☐ DELETE

NAME **ECKSTEIN, RICHARD**
STREET ADDRESS ~~132 FEATHERS EDGE LOOP~~
CITY-ST-ZIP **LK MARY, FL 0 32746**

TITLE **BD** ☐ DELETE

NAME **HAWKINSON, MARY E**
STREET ADDRESS **505 STEPHANIE CT**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **SD** ☐ DELETE

NAME **JORE, BETTE**
STREET ADDRESS **589 S COUNTRY CLUB DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **420 PICKFAIR TERRACE**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: ECKSTEIN TD 3/3/99 407-328-6250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)