

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737284 (0)

1. Corporation Name

LAKE PATRICIA HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

P. O. BOX 4042
HIALEAH FL 33014
US

P. O. BOX 4042
HIALEAH FL 33014
US

3. Date Incorporated or Qualified

11/12/1976

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0096284

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

GOETZE, ROBERT
14220 LAKE CHILDS CT.
MIAMI LAKES FL 33014

81 Name

BOB ECHOLS

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

14120 LAKE CANDEWOOD CT

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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

Bob Echols

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

(NOTE: Registered Agent signature required when reinstating)

5-7-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	GOET	<input checked="" type="checkbox"/> DELETE
NAME	ZE, ROBERT	
STREET ADDRESS	14220 LAKE CHILDS CT	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NADEAU, JO ANNE	
STREET ADDRESS	13930 LAKE CLAIRE CT.	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCRORY, SUSAN	
STREET ADDRESS	14321 LAKE CHILDS CT	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERGA, JOSEPH	
STREET ADDRESS	14401 LAKE CHILDS CT	
CITY - ST - ZIP	MIAMI LAKES, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D BOB ECHOLS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	14120 LAKE CANDEWOOD CT	
1.4 CITY - ST - ZIP	MIAMI LAKES FL 33014	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BONNIE FERNANDEZ	
2.3 STREET ADDRESS	13952 LAKE LURE CT	
2.4 CITY - ST - ZIP	MIAMI LAKES FL 33014	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSEPH VERGA	
4.3 STREET ADDRESS	14401 LAKE CHILDS CT	
4.4 CITY - ST - ZIP	MIAMI LAKES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Date

Daytime Phone #

CR2E037 (12/95)