FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740313** **(2)**

1. Corporation Name

MID-FLORIDA LAKES VILLAGE CLUB AND HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
188 FOREST DR LEESBURG FL 34788 US	188 FOREST DR LEESBURG FL 34788 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1977**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-1800444** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~THOREEN, W. RICHARD~~
~~910 W. STATE RD. 436 STE 260~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name: W. Richard Thoreen, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 116 E. Altamonte Dr, Ste. 210
83
84 City: Altamonte Springs **FL** 85 Zip Code: 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: W. Richard Thoreen — 4/12/95
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		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	HARRISON, MARY	12 NAME	Dale Allen	
STREET ADDRESS	104 HIBISCUS DR	13 STREET ADDRESS	123 Millwood Road	
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	DEFINA, THOMAS	22 NAME	Samuel Tomkinson	
STREET ADDRESS	128 PINE TREE DR.	23 STREET ADDRESS	110 Sterling Way	
CITY-ST-ZIP	LEESBURG FL	24 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	STAHNKE, ETHEL	32 NAME		
STREET ADDRESS	155 S. LAKE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 00000	34 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	T	41 TITLE		☐ Change ☒ Addition
NAME	POTVIN, PATRICIA	42 NAME		
STREET ADDRESS	112 MILLWOOD RD.	43 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	44 CITY-ST-ZIP	34788	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	DAMON, DONALD	52 NAME	James Satterthwaite	
STREET ADDRESS	137 HIBISCUS DR	53 STREET ADDRESS	106 Sterling Way	
CITY-ST-ZIP	LEESBURG FL	54 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	APGAR, KENNETH	62 NAME	Maryella Bowdish	
STREET ADDRESS	102 HIBISCUS DR	63 STREET ADDRESS	150 E. Sterling Way	
CITY-ST-ZIP	LEESBURG FL	64 CITY-ST-ZIP	Leesburg, FL 34788	

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)(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: Dale E Allen — Dale Allen — 4-7-95 — (904) 357-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #