NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 740313

1. Corporation Name

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

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

188 FOREST DR LEESBURG FL 34788

US

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90038 014 \*\*\*\*61.25



						·		
<del></del>	Principal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 10/04/1977		
Suite An	ite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For		
22		27 ~	ويسر			59-1800444 Not Applicable		
City & St	ate	City & St				5. Certifcate of Status Desired S8.75 Additional Fee Required		
Zip	Country	Zip		Country		6. Election Campaign Financing \$5.00 May Be		
24	25 29 30			)		Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent						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 ALTOMONTE DR SUITE 210								
ALTAMONTE SPRINGS FL 32701				83				
, , , , , , , , , , , , , , , , , , , ,				84	Citv	85 Zip Code		
					,	FL		
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.								
SIGNATURI	E		_					
	Signature, typed or printed name of registered agent		(NOTE: Re		t signature n	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND			13.		P St Change ☐ Addition		
TITLE	P	L	DELETE	1.1 TITLE		WORTH, WILLIAM		
NAME	FENTZ, MARIE			1.2 NAME		LA STADITUG WAY		
STREET ADDRES	1			1.3 STREET				
CITY-ST-ZIP	LEESBURG FL 34788			1.4 CITY-S	T-ZIP	LEESBURG, FL 34788		
TITLE	VP	L	DELETE	2.1 TITLE		V P LACILLOIS		
NAME	WORTH, WILLIAM			2.2 NAME		RHOADES, MARY		
STREET ADDRES	117 STERLING WAY			2.3 STREE	ADDRESS	S 176 N LAKE DR.		
CITY-ST-ZIP	LEESBURG FL 34788			2. 4 CITY-S	T-ZIP ~	LEESBURG; FL. 34788		
TITLE	\$	1	DELETE	3.1 TITLE		SAMSEL, LEOPA		
NAME	SAMSEL, LEONA	SAMSEL, LEONA						
STREET ADDRES				3.3 STREE	ADDRESS	SION FOREST		
CITY-ST-ZIP	LEESBURG FL 34788			3.4. CITY-S	T-ZIP	MEESBURG, FL. 34788		
TITLE	T		DELETE	4.1 TITLE		A charge		
NAME	MONTGOMERY, CATHERINE			4. 2 NAME		POWELL , DONNA		
STREET ADDRES	s 147 PINE RIDGE DR			4.3 STREET	ADDRESS	SIZE PIPE KIDGE DV		
CITY-ST-ZIP	LEESBURG FL 34788			4.4 CITY-S	T-ZIP	LEESBURG, PL, 3+188		
TITLE	D		DELETE	5.1 TITLE		) i) (Change ) Addition		
NAME	QUINN, CHARLES			5.2 NAME		SALVATORE LA BRUNDA		
STREET ADDRES	ss 156 FOREST			5.3 STREE	ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34788			5.4 CITY-S	T-ZIP	LEESBURG, FL. 34788		
TITLE	D		DELETE	6.1 TITLE				
NAME	WHITE, LUCIA 62			6.2 NAME		PEGGY BURD DR 136 CROSSWAYS DR		
STREET ADDRES	AND IN COMPANIES WAS			6.3 STREE	FADDRESS			
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	LEESBURG, FL. 34788		

4. 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** 

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

4-13-99

352.589.820/