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CORPORATION ANNUAL REPORT **1995**

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

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95 APR 12 PM 1:55

DOCUMENT # **741833** **(8)**

1. Corporation Name

PROPERTY OWNERS OF SUN 'N LAKE ESTATES AND ACREA GE OF LAKE PLACID, INC.

Principal Place of Business	Mailing Address
112 EVENTIDE AVE LAKE PLACID FL 33852 US	121 FOREVER AVENUE 112 EVENTIDE AVE LAKE PLACID FL 33852 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1978
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2881377 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 107 TULIP DR.	26 P.O.BOX 1187
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 LAKE PLACID, FL.	28 LAKE PLACID, FL.
24 Zip 33852 25 Country US	29 Zip 33852 30 Country US

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNHART, HAROLD M 112 EVENTIDE AVE LAKE PLACID FL 33852	81 Name: CAMPBELL, FRED 82 Street Address (P.O. Box Number is Not Acceptable): 129 DELTA AV. 83 84 City: LAKE PLACID, FL 85 Zip Code: 33852

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: FRED CAMPBELL PRES. Fred Campbell 4-3-95
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	V	11 TITLE	☐ Change ☐ Addition
NAME	MAGOON, JANICE	12 NAME	
STREET ADDRESS	176 SARASOTA ST	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	BARNHART, HAROLD M.	22 NAME	CAMPBELL, FRED
STREET ADDRESS	112 EVENTIDE AVENUE	23 STREET ADDRESS	129 DELTA AV.
CITY-ST-ZIP	LAKE PLACID FL	24 CITY-ST-ZIP	LAKE PLACID FL.
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, BERNICE	32 NAME	
STREET ADDRESS	145 EVENTIDE AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	CAMPBELL, FRED	42 NAME	HUFF, BARBARA
STREET ADDRESS	129 DELTA AVE	43 STREET ADDRESS	109 BLUE MOON AV.
CITY-ST-ZIP	LAKE PLACID FL	44 CITY-ST-ZIP	LAKE PLACID FL
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	RILEY, ED	52 NAME	WILLIS, DAVE
STREET ADDRESS	100 TEMPTATION COURT	53 STREET ADDRESS	128 DARDANELLA AV.
CITY-ST-ZIP	LAKE PLACID FL	54 CITY-ST-ZIP	LAKE PLACID, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRANDALL, JACK	62 NAME	
STREET ADDRESS	216 PHANTASY AVE	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	64 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)(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: Bernice Hernandez 4-3-95 (813) 699-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BERNICE HERNANDEZ, TREASURER

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