

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746617 (0)

1. Corporation Name

LAKE VILLAGE ASSOCIATION, INC.



Principal Place of Business

**400 LAKE DRIVE
NOKOMIS FL 34275-8577
US**

Mailing Address

**37 W 7TH ST
NOKOMIS FL 34275-3577
US**

3. Date Incorporated or Qualified
04/04/1979

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **400 Lake Dr.**
Suite, Apt. #, etc.

26 **55 6th St. West**
Suite, Apt. #, etc.

22 **Nokomis, FL**
City & State

27 **Nokomis, FL**
City & State

23 **34275-8577**
Zip Country

28 **34275-8577**
Zip Country

4. FEI Number
59-2353223

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGREGOR, ROSE
132C
37 W 7TH ST
NOKOMIS FL 34275**

81 Name **Frances Hoffman**
82 Street Address (P.O. Box Number is Not Acceptable)
55 6th St. West
83
84 City **Nokomis** FL 85 Zip Code **34275**

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 **FRANCES HOFFMAN**

Frances Hoffman

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

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHERWOOD, BILL	
STREET ADDRESS	38 7TH ST. E	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EADY, JACK	
STREET ADDRESS	44 7TH ST., E.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCGREGOR, ROSE	
STREET ADDRESS	37 W 7TH ST	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, FRANCES	
STREET ADDRESS	55 W. 6TH ST.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARVE, AL	
STREET ADDRESS	397 SUNSHINE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHERWOOD, BILL	
STREET ADDRESS	38 7TH ST	
CITY-ST-ZIP	NOKOMIS FL	

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROLAND LAJEUNESSE	
13 STREET ADDRESS	271 VILLAGE DR.	
14 CITY-ST-ZIP	NOKOMIS, FL 34275	
21 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROBERT DUVAL	
23 STREET ADDRESS	385 Sunshine Dr.	
24 CITY-ST-ZIP	NOKOMIS, FL 34275	
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Eleanor Newton	
33 STREET ADDRESS	14 7th St. West	
34 CITY-ST-ZIP	Nokomis, FL 34275	
41 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	FRANCES HOFFMAN	
43 STREET ADDRESS	55 6th St. West	
44 CITY-ST-ZIP	Nokomis, FL 34275	
51 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	GORDAN WILLEY	
53 STREET ADDRESS	162 4th St. West	
54 CITY-ST-ZIP	Nokomis, FL 34275	
61 TITLE	DELETED DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	HELEN HERRES	
63 STREET ADDRESS	178 4th St. East	
64 CITY-ST-ZIP	NOKOMIS, FL 34275	

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: *Frances Hoffman* (FRANCES HOFFMAN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-488-4736

CR2E037 (12/95)