

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

55 6TH ST. WEST
NOKOMIS FL 34275-1550
US3. Date Incorporated or Qualified
04/04/19793a. Date of Last Report
01/25/19964. FEI Number
59-2353223Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HOFFMAN, FRANCES
55 6TH STREET, WEST
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAJEUNESSE, ROLAND	
STREET ADDRESS	271 VILLAGE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUVAL, ROBERT	
STREET ADDRESS	385 SUNSHINE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, ELEANOR	
STREET ADDRESS	14 7TH ST WEST	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOFFMAN, FRANCES	
STREET ADDRESS	55 6TH ST WEST	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILEY, GORDAN	
STREET ADDRESS	162 4TH ST WEST	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRES, HELEN	
STREET ADDRESS	178 4TH ST EAST	
CITY-ST-ZIP	NOKOMIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM MEYERS	
1.3 STREET ADDRESS	364 11th ST.	
1.4 CITY-ST-ZIP	NOKOMIS, FL.	
2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARLENE ROCKAFELLOW	
2.3 STREET ADDRESS	295 1st ST. EAST	
2.4 CITY-ST-ZIP	NOKOMIS, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRAN NELLIGAN	
3.3 STREET ADDRESS	52 6th STREET WEST	
3.4 CITY-ST-ZIP	NOKOMIS, FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AUGUST BONUCCHI	
4.3 STREET ADDRESS	386 SUNSHINE DR	
4.4 CITY-ST-ZIP	NOKOMIS, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THERESA KOHLER	
5.3 STREET ADDRESS	61 6th ST. EAST	
5.4 CITY-ST-ZIP	NOKOMIS, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 file 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 2-4-97 914-488-4736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)