

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749747 (2)

1. Corporation Name

LAKE TYLER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2180 W STATE RD 434
#5000
LONGWOOD FL 32779

Mailing Address

2180 W STATE RD 434
#5000
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1979

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2068032

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W. JR.
SENTRY MANAGEMENT, INC.
2180 WEST STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

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 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

Signature (typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD
NAME	WEBER, DAN
STREET ADDRESS	3165 GREENWOOD DR
CITY, ST, ZIP	WINTER PARK FL
TITLE	D
NAME	FRANCO, FRED
STREET ADDRESS	1466B HOLDEN AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	DOLPHIN, JAMES
STREET ADDRESS	4310 LANCASHIRE LANE
CITY, ST, ZIP	ORLANDO FL
TITLE	P
NAME	EVANS, TIM
STREET ADDRESS	1412C HOLDEN AVE
CITY, ST, ZIP	ORLANDO FL
TITLE	VO
NAME	FREAS, NORMAN
STREET ADDRESS	1422B HOLDEN AVE
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	D	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	DT	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	DS	☒ Change ☐ Addition
32 NAME	LEWIS, JANE ANN	
33 STREET ADDRESS	5268 WILLOW CT	
34 CITY, ST, ZIP	ORLANDO FL	
41 TITLE	VPD	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	PD	☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(b), 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:

N.G. FREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-95

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