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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:13

DOCUMENT # 753325 (0)

1. Corporation Name
VILLAS ON THE LAKE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2012 S FLORIDA AVE PO BOX 2451 LAKELAND FL 33806	2012 S FLORIDA AVE PO BOX 2451 LAKELAND FL 33806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1980
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2166629 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HARRIS, CHRISTY F
2012 S FLORIDA AVE
LAKELAND, FL
33806

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DST~~	1.1 TITLE	D, VP, T	☑ Change ☐ Addition
NAME	WAGNER, JOHN C	1.2 NAME		
STREET ADDRESS	322 SABAL PK PL 104	1.3 STREET ADDRESS	(same)	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP		
TITLE	~~DV~~	2.1 TITLE	D, S	☑ Change ☐ Addition
NAME	HARRIS, CHRISTY F	2.2 NAME		
STREET ADDRESS	2012 S FLORIDA AVE	2.3 STREET ADDRESS	(same)	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP		
TITLE	~~DP~~	3.1 TITLE	DP	☑ Change ☐ Addition
NAME	~~OREILLY, FRANK J.~~	3.2 NAME	DeLancy, Donald J.	
STREET ADDRESS	620 LAUREL LANE	3.3 STREET ADDRESS	2112 Rainbower Dr.	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	Lakeland, Fla. 33809	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Christy F Harris (CHRISTY F. HARRIS) 1/19/95 (813) 683-7567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — SECRETARY — Date — Daytime Phone #

0087085