

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90087 006 ****61.25

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DOCUMENT # 753325

1. Corporation Name

VILLAS ON THE LAKE OWNERS ASSOCIATION, INC.

Principal Place of Business

2012 S FLORIDA AVE
PO BOX 2451
LAKELAND FL 33806

Mailing Address

2012 S FLORIDA AVE
PO BOX 2451
LAKELAND FL 33806



2. Principal Place of Business

21 **514 Rob Roy St**

Suite, Apt. #, etc.

22

City & State

23 **Lakeland FL**

Zip

24 **33813**

Country

25 **USA**

2a. Mailing Address

26 **514 Rob Roy St**

Suite, Apt. #, etc.

27

City & State

28 **Lakeland, FL**

Zip

29 **33813**

Country

30 **USA**

3. Date Incorporated or Qualified

07/14/1980

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

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 **Donald J Delaney**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **514 Rob Roy St**
84 City **Lakeland** **FL** 85 Zip Code **33813**

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)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DVPT**
WAGNER, JOHN C
STREET ADDRESS **322 SABAL PK PL 104**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **DS**
HARRIS, CHRISTY F
STREET ADDRESS **2012 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE ☐ DELETE

NAME **DP**
DELANEY, DONALD J
STREET ADDRESS **2117 RAINBOWER DR**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **DP**

3.3 STREET ADDRESS **Delaney, Donald J**

3.4 CITY-ST-ZIP **514 Rob Roy St**

Lakeland, FL 33813

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

(941) 701-7013

CR2E037 (11/98)