1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 753775

1. Corporation Name

LAKE VERONA EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3 NORTH HIGHLANDS AVE

3 NORTH HIGHLANDS AVE

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90006 044 ****61.25



AVON PARK FL 33825 AVON PARK FL 33825								
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			08/15/1980			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number			ied For
22		27			59-2223798		Not	Applicable
City & Stat	9	City & State			5. Certifcate of Status Desired		\$8.75 Ac Fee Req	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 N	lav Be
24	25	29 30]		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current			-	10. Name and Address of New F	egisterec	l Agent	
			81	Name				
A40155 T	25/4.0		-		(D.O. Day M has in Net Appoint	blo)		
MILLER, TREVA C.			82	Street Address (P.O. Box Number is Not Acceptable)				
	HIGHLANDS AVENUE		83	 	.,			1
AVON PAR	RK FL 33825							
			84	City		FI	85 Zip Ci	ode
44	to the provisions of Continue 617 0502	and 617 1509 Florida Statutes	the abov	e-named corr	poration submits this statement for the			egistered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of. Section 617.0503, Florida	orized by Statutes	the corporation	on's board of directors. I hereby accep	the appo	ointment as reg	stered
	Freva C. m	ller Treva	C.	Mille	r Fe	h 2	3rd, 19	99
SIGNATURE	Signature, typed or printed name of registered agent a							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	STD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	MILLER, TREVA C.	ľ	1.2 NAME					
STREET ADDRESS	3 C NORTH HIGHLANDS AVE		1.3 STREE	T ADDRESS				1
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-5	ST-ZIP				1
TITLE	PD	☐ ĐELETE	2.1 TITLE				☐ Change	Addition
NAME	CARABERIS, MARGARET		2.2 NAME					
	17 NORTH HIGHLANDS AVENUE			TADDRESS	-		<u>.</u> .	-
STREET ADDRESS	Y		2.4 CITY-	\				}
CITY-ST-ZIP	AVON PARK FL	☐ DELETE	3.1 TITLE	91-ZIP	······································		☐ Change	Addition
TITLE	VD	- Detere						
NAME	BRUNO, FRED		3.2 NAME					
STREET ADORESS	19 NORTH HIGHLANDS AVENUE			TADDRESS				
CITY-ST-ZIP	AVON PARK FL		3.4. CITY-	ST-ZIP			Change	Addition
TITLE	VP	☐ DELETE	4.1 TITLE					
NAME	WHITE, MADELINE		4. 2 NAME					
STREET ADDRESS	15 N HIGHLANDS AVE		4.3 STREE	ET ADDRESS			- ,	
CITY-ST-ZIP	AVON PARK FL 33825		4.4 CITY-5	ST-ZIP			Chroni	
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP				
TITLE		DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME					Í
STREET ADDRESS			6.3 STREE	ET ADDRESS				- 1

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Feb. 23rd, 1999 941-452-172