1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753892

1. Corporation Name

LYNNWOOD ESTATES ASSOCIATION, INC.

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90075 028 ****61.25

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Principal Place of Business Mailing Address				
P.O. BOX 720084 P.O. BOX 720084 ORLANDO FL 32872-7084 ORLANDO FL 32872-7084		•;		
Principal Place of Business 2a. Mailing Addres		2a. Mailing Address	-	3. Date Incorporated or Qualifed
21		26		08/26/1980
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For
22		27		59-2065707 Not Applicable
City & State		City & State		5. Certificate of Status Desired
		28	Country	
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	9. Name and Address of Curre	29 3	<u> </u>	10. Name and Address of New Registered Agent
	5. Name and Address of Corre	in Kadista.ed Saut	81 Name	
				MERWIN R. STAINES
EXENKAMPER, BETTY			82 Street A	Address (P.O. Box Number is Not Acceptable)
6964 POMPELL RD				6801 CASTILLO CT.
ORLANDO FL 32822				
			84 City	ORLANDO FL 85 Zip Code 32822
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 oppointment as registered agent. I am familiar with, and accept the oppointment as registered agent. I am familiar with, and accept the oppointment as registered agent. I am familiar with, and accept the oppointment as registered agent. I am familiar with, and accept the oppointment as registered agent.				
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register			egistered Agent signature re	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP _	DELETE	1.1 TITLE V/D	JULIA BARCOMB Change XAddition
NAME	NASCEMENTO, DIANÉ		1.2 NAME	6608 POMPEII RP
STREET ADDRESS	6920 MEDITERRANEAN RD		1.3 STREET ADDRESS	ORLANDO, FL . 32822
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY-ST-ZIP	
TITLE	Ρ	▼ DELETE	2.1 TITLE C/D	TIM BARE Change Addition
NAME	EXENKAMPER, BETTY		2.2 NAME	6970 MEDITERRANGAN RD
STREET ADDRESS	6964 POMPEII RD.		2.3 STREET ADDRESS	ORLAHDO, FL. 32822
CITY-ST-ZIP	ORLANDO FL 32822		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	Change Addition
NAME	STAINES, MERWIN R.		3.2 NAME	
STREET ADDRESS	6801 CASTILLO CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	TD	☐ DELETE	4.1 TITLE	
NAME	STAINES, MERWIN R.		4. 2 NAME	
STREET ADDRESS	6801 CASTILLO CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	MOE) ETE	4.4 CITY-ST-ZIP	GLADYS CORDERO Change Addition
TITLE	D DALUME	DELETE	5.1 TITLE TR 5.2 NAME	
NAME	HALL, PAULINE		5.2 NAME 5.3 STREET ADDRESS	3024 SANTA LUCIA PR.
STREET ADDRESS	3017 SANTA LUCIA DR		5.4 CITY-ST-ZIP	ORLANDO, FLA. 32822
CITY-ST-ZIP	ORLANDO FL 32822			
TITLE	TR FORMON A TONY	☐ DELETE	6.1 TITLE P/C	TONY FARMICULA
NAME	FORMICOLA, TONY		li I	6807 CASTILLO CT
STREET ADDRESS			6.3 STREET ADDRESS	ORLANDO, FL. 32822
CITY-ST-ZIP	ORLANDO FL 32822		6.4 CITY-ST-ZIP	OKCONAC LOS DECA-

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:

2-18-99 · 306
Date Daytime Phone

CR2E037 (11/98