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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **757180** (5)
1. Corporation Name
LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4 LAKE VILLA WAY KISSIMMEE FL 34743-4531

3. Date Incorporated or Qualified **05/06/1981** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2187626** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**DANNENFELSER, ELIZABETH
66 LAKE VILLA WAY
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable) **800001474888**
83 -05/04/95--01009--002
84 City *****1-30-00 ***1-30-00 FL 212000**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	DANNENFELSER, ELIZABETH
STREET ADDRESS	66 LAKE VILLA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	DV
NAME	DONELAND, JOSEPH
STREET ADDRESS	44 LAKE VILLA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	SD
NAME	SMITH, BETHA
STREET ADDRESS	80 LAKE VILLA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	DT
NAME	YOUNG, JAMES
STREET ADDRESS	10 LAKE VILLA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	STENSON, ALBERT
STREET ADDRESS	126 LAKE VILLA WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	HENORI, MARY ANN
STREET ADDRESS	73 LAKE VILLA WAY
CITY - ST - ZIP	KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>SAME</i>
1.3 STREET ADDRESS	<i>SAME</i>
1.4 CITY - ST - ZIP	<i>SAME</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM FROEHLICH
2.3 STREET ADDRESS	120 LAKE VILLA WAY
2.4 CITY - ST - ZIP	KISSIMMEE, FL 34743
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARBARA BERNARDO
3.3 STREET ADDRESS	99 LAKE VILLA WAY
3.4 CITY - ST - ZIP	KISSIMMEE, FL 34743
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RONALD ROSADO
4.3 STREET ADDRESS	109 LAKE VILLA WAY
4.4 CITY - ST - ZIP	KISSIMMEE, FL 34743
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOSEPH DONELAN
5.3 STREET ADDRESS	44 LAKE VILLA WAY
5.4 CITY - ST - ZIP	KISSIMMEE, FL 34743
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAL TESTA
6.3 STREET ADDRESS	28 LAKE VILLA WAY
6.4 CITY - ST - ZIP	KISSIMMEE, FL 34743

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth M. Dannenfelser* 4/5/95 348-5318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR