


FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757180 (5)

1. Corporation Name
LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4 LAKE VILLA WAY KISSIMMEE FL 34743-4531	Mailing Address 4 LAKE VILLA WAY KISSIMMEE FL 34743-4531
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3. Date Incorporated or Qualified 05/06/1981		
4. FEI Number 59-2187626	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 Additional Fee Required	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DANNENFELSER, ELIZABETH
86 LAKE VILLA WAY
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

81 Name JOHN RUMPH	
82 Street Address (P.O. Box Number is Not Acceptable) 41 LAKE VILLA WAY	
83 City & State KISSIMMEE, FL. 34743	
84 City FL	85 Zip Code

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: *John Rumph* **JOHN RUMPH - President** **2/10/98**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUMPH, JOHN	
STREET ADDRESS	41 LAKE VILLA WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DONELAS, JOE	
STREET ADDRESS	44 LAKE VILLA WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEFAZIO, DONNA	
STREET ADDRESS	90 LAKE VILLA WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DANNENFLESER, BETTY	
STREET ADDRESS	86 LAKE VILLA WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURLEY, LOUIS	
STREET ADDRESS	79 LAKE VILLA WAY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TESTA, SAL	
STREET ADDRESS	28 LAKE VILLA WAY	
CITY - ST - ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D LEE GUADAGNO
2.3 STREET ADDRESS	38 LAKE VILLA WAY
2.4 CITY - ST - ZIP	KISSIMMEE, FL 34743
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAY JOHNSON
4.3 STREET ADDRESS	75 LAKE VILLA WAY
4.4 CITY - ST - ZIP	KISSIMMEE, FL. 34743
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: *Katherine C. Johnson* **Katherine C. Johnson (Director)**

CR2E037 (10/97)