**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $1.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)**

# NONPROFIT CORPORATION ANNUAL REPORT 1995

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

7-7-95 $700X

**FILED**
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 759855 (0)

1. Corporation Name
FOUR LAKES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| RT. 4. BOX 474<br>P.O.BOX 145<br>HAWTHORNE FL 32640 | RT. 4. BOX 474<br>P.O.BOX 145<br>HAWTHORNE FL 32640 |

3. Date Incorporated or Qualified: 09/01/1981
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1967842 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

**9. Name and Address of Current Registered Agent**

STRICKLAND, PATTI, F
206 ALBERT STREET
POST OFFICE BOX 1814
HAWTHORNE FL 32640

**10. Name and Address of New Registered Agent**

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | FUNSTON, DON | 1.2 NAME | |
| STREET ADDRESS | RT 4 BOX 476 B | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | CHANCE, BOB | 2.2 NAME | Vacant Position |
| STREET ADDRESS | RT 4 BOX 469 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | STRICKLAND, PATTI | 3.2 NAME | |
| STREET ADDRESS | 206 ALBERT ST PO BOX 1814 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE FL | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | DRAKE, BETTY | 4.2 NAME | |
| STREET ADDRESS | PO BOX 1923 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | Director ☒ Change ☐ Addition |
| NAME | CHAIRES, HANK | 5.2 NAME | Al Burgin |
| STREET ADDRESS | RT 4 BOX 428 C | 5.3 STREET ADDRESS | 188 Albert St P.O Box 245 |
| CITY-ST-ZIP | HAWTHORNE FL | 5.4 CITY-ST-ZIP | Hawthorne FL 32640 |
| TITLE | D | 6.1 TITLE | Director ☒ Change ☒ Addition |
| NAME | COUCH, LEON | 6.2 NAME | Andy Campanero |
| STREET ADDRESS | ST 4 BOX 437 | 6.3 STREET ADDRESS | Rt 4, Box 415C |
| CITY-ST-ZIP | HAWTHORNE FL | 6.4 CITY-ST-ZIP | Hawthorne FL 32640 |

CR2E037 (3/95)

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 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: Betty A. Drake Treasurer BETTY A. DRAKE 30 June 95 904-481-483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000384