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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 760517 (3)

1. Corporation Name

LAKE IRMA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 662 GOLDENROD FL 32733-0662 US	P O BOX 662 GOLDENROD FL 32733-7662 US

3. Date Incorporated or Qualified: 10/20/1981

4. FEI Number: 59-2136495 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HESSINGER, W. A
3862 ORANE LAKE DR.
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, GLENN		1.2 NAME		
STREET ADDRESS	3856 ORANGE LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	RUSSELL, SUSAN		2.2 NAME	MAZZONE, JOHN G.	
STREET ADDRESS	3686 ORANGE LAKE DRIVE		2.3 STREET ADDRESS	8769 BEXTER DRIVE	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	RUSSELL, GLENN		3.2 NAME	IGNOTS, G.E.	
STREET ADDRESS	3868 ORANGE LAKE DR.		3.3 STREET ADDRESS	3941 ORANGE LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 00000		3.4 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VP	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ANTENUCCI, BRUCE		4.2 NAME	KIRBY, LARRY	
STREET ADDRESS	3959 ORANGE LAKE DR		4.3 STREET ADDRESS	3832 ORANGE LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEE, GREGORY		5.2 NAME		
STREET ADDRESS	3954 ORANGE LAKE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HESSINGER, W. A		6.2 NAME		
STREET ADDRESS	3862 ORANGE LAKE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		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: W. A. Hessinger 2/10/98 407-673-8898

CR2E037 (10/97)