## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



NONPROFIT CORPORATION ANNUAL REPORT 1998		Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE  Bandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			May 20 1998 8:00an Secretary of State	n
DOCUMENT # 767803 (0) CANYON LAKE VILLAS OWNERS ASSOCIATION, INC.							
Principal Place of Business Mailing Address						- 1 100141 10010 \$4117 10010 10111 BE100 (117 \$1011 B1017	
3812 CHEVERLY DRIVE. WEST LAKELAND FL 33813-1209  3812 CHEVERLY DRIVE, WEST LAKELAND FL 33813-1209						3. Date Incorporated or Qualified  04/04/1983 4. FEI Number Applied For	
2. Principal P	lace of Business	2a. Mailing Address				59-2688338 Not Applicable  5 Cartificate of Status Desired Status	
21	41 -4-	26				Certificate of Status Desired     Status Desired     Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25   9. Name and Address of Current	29 3 Registered Agent	101			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
1101 RO LAKELAI	IS, LOUIS J DLLING WOODS LN ND FL 33813  to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 617.1508, Florida Statutes, of Florida. Such change was aut ions of, Section 617.0503, Florid		83 84	City	ess (P.O. Box Number is Not Acceptable)  FL   85   Zip Code  oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	Signature, typed or provided name of registrated agent	and title If applicable (NOTE: R	Registered	Agent	I signature require	od when reinslating) DATE	_
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ñ
NAME STREET ADDRESS CITY-ST-ZIP	D PETCOFF,THOMAS 1212 KELLS CT. LAKELAND FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		1	Change Addition	33.
TITLE NAME STREET ADDRESS	TSD WILLIAMS, LOUIS J 1101 ROLLING WOODS LN	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		DORESS	☐ Change ☐ Add/tion	5
TITLE NAME STREET ADDRESS	D WOMBLE, GEORGE A 1104 KELLS CT	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			☐ Change ☐ Addition	
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP				
TITLE NAME	PD LEAGUE, MILFORD E	☐ DELETE	4.1 TITLE 4.2 NAME			Change Addition	
STREET ADDRESS	3820 CHEVERLY DR W LAKELAND FL	1	4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE NAME	CAVERAID LF	DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		ZIP	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	-	☐ DELETE	6.1 TIT 6.2 NA	le Me	DORESS	Change Addition	
CITY-ST-ZIP				Y-ST-			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1/9.07(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 of the receiver or trustee or powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if property on an all adverses.

**FILED**