

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90014 048 ****61.25

DOCUMENT # 768293

1. Entity Name

LAKE DAMON SOUTH II CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

JANET W ROSE c/o ELAINE
338 GROVE CIRCLE
AVON PARK FL 33825
US

Mailing Address

JANET W ROSE c/o ELAINE
338 GROVE CIRCLE
AVON PARK FL 33825
US

34027100



MOORE CR2E037 (11/03)

2. Principal Place of Business

344 GROVE CIRCLE

3. Mailing Address

344 GROVE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK FL.

City & State

AVON PARK FL.

Zip

33825

Country

Zip

33825

Country

4. FEI Number

59-2329166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSE, JANET W
338 GROVE CIRCLE
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

ELAINE P. KEPPLER

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

344 GROVE CIRCLE

City

AVON PARK

FL

Zip Code

33825

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elaine P. Keppler

ELAINE P. KEPPLER

3/1/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAST, WILLIAM	
STREET ADDRESS	320 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVANS, DIANE	
STREET ADDRESS	318 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STELZER, BONNIE	
STREET ADDRESS	322 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY VOTAW	
STREET ADDRESS	328 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL. 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Votaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY VOTAW

3/1/04 452-0583
Date Daytime Phone #