

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000533

ORMOND LAKES, LTD.

99-AR
CM



Mailing Address

Principal Office Address

PO BOX 4578
SOUTH DAYTONA FL 32121

860 HULL RD.
ORMOND BEACH FL 32174

3. Date Formed or Registered

03/20/1996

5a. Capital Contributions as
Shown on record.

\$3,870,000.00

3a. Date of Last Report

11/14/1997

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$3,870,000.00

2. Mailing Address

P.O. Box 214578

Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

South Daytona, FL

City & State

Zip Country

32121-4578

Zip Country

6. FEI Number

59-3379074

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 SOUTH PALMETTO AVE.
SUITE A
DAYTONA BEACH FL 32114

10. If changed, new Registered Agent/Office

Name

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

000002672830--3

Suite, Apt. #, etc.

-10/26/98--01112--014

City

****526.25 ****526.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ORMOND LAKES, INC.

150 S. PALMETTO AVE.,

DAYTONA BEACH FL 3211

P95000069522

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

10-16-98

Typed or Printed Name of General Partner Signing Form

JAMES RONNIE BLEDSOE

Daytime Telephone Number

904-761-6111

CR2E003 (8/98)