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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:38

DOCUMENT # **H21816** **(4)**

1. Corporation Name
DELL LAKE VILLAGE HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
219 GREEN HAVEN RD. P.O. BOX 1186 DUNDEE FL 33838	219 GREEN HAVEN RD. P.O. BOX 1186 DUNDEE FL 33838

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1984
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 51 Rainbow Lane	26 P.O. Box 1294
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Dundee, Florida.	28 City & State: Dundee, Florida.
24 Zip: 33838 25 Country: U.S.A.	29 Zip: 33838 30 Country: U.S.A.

4. FEI Number: 59-2941001 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRAUGHN, RICHARD E. 225 MAGNOLIA AVE SW WINTER HAVEN FL 33880	81 Name: Lee Jay Colling & Associates, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 20 North Orange Avenue 83 Suite 700, First Union Bldg. 84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: A.G. Gemmell A.G. Gemmell April 5, 1995
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	DV	11 TITLE	DV	☑ Change ☐ Addition
NAME	BRUEGGMEIER, HARRY	12 NAME	Robert Mallery	
STREET ADDRESS	201 RAINBOW	13 STREET ADDRESS	114 main Street	
CITY ST ZIP	DUNDEE FL	14 CITY ST ZIP	Dundee, FL 33838	
TITLE	D	21 TITLE	DS	☑ Change ☐ Addition
NAME	ELSIE, DEAN	22 NAME	Ruth Marquardt	
STREET ADDRESS	155 EMERALD	23 STREET ADDRESS	234 Greenhaven	
CITY ST ZIP	DUNDEE FL	24 CITY ST ZIP	Dundee, FL 33838	
TITLE	DS	31 TITLE	DT	☑ Change ☐ Addition
NAME	SCHRINER, JACKIE	32 NAME	Patricia G. Lance	
STREET ADDRESS	214 GREENHAVEN	33 STREET ADDRESS	109 Baywood Drive	
CITY ST ZIP	DUNDEE FL	34 CITY ST ZIP	Dundee, FL 33838	
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	SCHRINER, WALTER	42 NAME	Helen Pask	
STREET ADDRESS	48 RAINBOW LN	43 STREET ADDRESS	244 Greenhaven	
CITY ST ZIP	DUNDEE FL	44 CITY ST ZIP	Dundee, FL 33838	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	WESTWOOD, WALTER	52 NAME	Buell Parker	
STREET ADDRESS	97 EMERALD DR.	53 STREET ADDRESS	175 Juniper	
CITY ST ZIP	DUNDEE FL	54 CITY ST ZIP	Dundee, FL 33838	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	MACGILLIVRAY, REGINALD	62 NAME	Reginald MacGillivray	
STREET ADDRESS	64 JUNIPER	63 STREET ADDRESS	64 Juniper	
CITY ST ZIP	DUNDEE FL	64 CITY ST ZIP	Dundee, FL 33838	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.G. Gemmell A.G. Gemmell April 5, 1995 (813) 439-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0447070 FP