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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01827

1. Corporation Name

LAKE MINNEOLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 120533
 CLERMONT FL 34712

P.O. BOX 120533
 CLERMONT FL 34712



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/07/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNEY, DEBORAH
674 W OSCEOLA ST
CLERMONT FL 34711

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 DELETE

1.1 TITLE Change Addition

NAME **DVT**
WAGNER, MARK
 STREET ADDRESS **668 OSCEOLA ST**
 CITY-ST-ZIP **CLERMONT FL**

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME **DPS**
MCKINNEY, DEBORAH
 STREET ADDRESS **674 W. OSCEOLA ST.**
 CITY-ST-ZIP **CLERMONT FL**

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME **D**
CARR, MARGARET
 STREET ADDRESS **644 OSCEOLA ST**
 CITY-ST-ZIP **CLERMONT FL**

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Mark Wagner* **SIGNATURE REQUIRED** *1/5/99* *(352) 242-1430*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)