SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90011 013 ****61.25

DOCUMENT # N02066

1. Corporation Name

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

LAKE FI	rancis oaks homeownef	rs associati	ION, INC	•		ı		6107618-9001			,
Principal Place	of Business	Mailing Address	5								
1725 QUIET C 1700 QUIET C PENSACOLA I US	OAK LN	1725 QUIET OAK LN 1712 QUIET OAK LN PENSACOLA FL 32526 US									
Principal Place of Business 2a. Mailing Address						1		porated or Qualif	ed		
21 1725 QUIET OAK LN 26 1712 QUIE				TOAK LN			03/20/	1984			
Suite, Apt.	#, etc. /	Suite, Apt. #					4. FEI Numb			} 	plied For
22		27					59-250	2939			ot Applicable
City & State City & State City & S City & S City & S			SACO	NA			5. Certifcate	of Status Desired	I 📮	\$8.75 / Fee Re	Additional equired
Zip Country Zip Cou				Country	CAM	0.0		ampaign Financi	ng 🗆		May Be to Fees
24 FL32	9. Name and Address of Current		<u>اد کاک</u>		ייורכ	2101		d Contribution d Address of Ne	w Registered A		IO Fees
	9. Name and Address of Current	Registered Agent		81	Name		IV. Hame an	a Address of No	W Hogistorou /	.39	
CONTI, BLAKE J					Street	t Addres	s (P.O. Box N	imber is Not Acce	eptable)		
1725 QUIET OAK LANE PENSACOLA FL 32526			83								
PENSACU	JLA FL 32526										
				84	City				FL		Code
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	Elorida, Such char	roe was auff	iorized by	the corr	d corpora poration	ation submits t 's board of dire	nis statement for to ctors. I hereby ac	the purpose of o cept the appoin	hanging its tment as re	registered egistered
SIGNATURE									DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		(NOTE: Re	gistered Ager	nt signature	required w	hen reinstating)	S/CHANGES TO		DIRECTO	ORS IN 12
12.	PD OFFICERS AND		ELETE	1.1 TITLE		T	7.00111011	5,010,11020,10		Change	Addition
NAME	CONTI, BLAKE J			1.2 NAME							
STREET ADDRESS	1725 QUIET OAK LANE				T ADDRESS	s					
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-S							
TITLE	STD	X (DELETE	2.1 TITLE		1				☐ Change	Addition
NAME	COCHRAN, MELINDA J	,		2.2 NAME		JC	SIE	CHANDLE	ER.		,
STREET ADDRESS	1713 QUIET OAK LANE			2.3 STREE	TADDRESS	3 171	id quif				i
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY-S	ST-ZIP	PE	NSACOI	A FL3	3253F		
TITLÉ	VPD	X t	DELETE	3.1 TITLE		VP.	D	,		☐ Change	Addition
NAME	MEEHAN, TOM	-		3.2 NAME		ARI	r Brock	CHEIR			
STREET ADDRESS	1700 QUIET OAK LANE			3.3 STREE	ADORESS	s (7)	7 QUIET	DAK LA	VE .		
CITY-ST-ZEP	PENSACOLA FL			3.4. CITY-5	ST-ZIP	PE	NGACOL	A, FL32	234		

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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE: BLAKE THEODITHE MORALINE GITH

SARAH-JANE CONT

125 QUIET OAK LANE FENSACOLA FL325

☐ Change

Change

☐ Change

Addition

Addition

☐ Addition