

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:19

DOCUMENT # **N08717** (3)

1. Corporation Name
THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2158 ROYAL DR MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1985** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-2401972** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

**COLLING, LEE J
20 N ORANGE AVE, SUITE 107
ORLANDO FL 32801**

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 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

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 **VPD**
NAME **KING, MURIEL**
STREET ADDRESS **2474 LAKES OF MELBOURNE DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **P/D** Change Addition
1.2 NAME **CERINO, Joseph**
1.3 STREET ADDRESS **210 Royal Drive**
1.4 CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **SD**
NAME **LAMPMAN, JAMES** (SAME)
STREET ADDRESS **3980 BAY PORT CT**
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE **VP/D** Change Addition
2.2 NAME **HERIAN, Charles**
2.3 STREET ADDRESS **2538 Lakes of Melbourne Drive**
2.4 CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **PD**
NAME **JENNINGS, GEORGE**
STREET ADDRESS **4018 MERIDAN DR**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE **T/D** Change Addition
3.2 NAME **SNAVELY, WILLIAM**
3.3 STREET ADDRESS **3961 SOUTHWIND Drive**
3.4 CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **TD**
NAME **STUMPF, WALTER**
STREET ADDRESS **2465 LAKES OF MELB DR**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE **VP/D** Change Addition
4.2 NAME **FINK, Richard**
4.3 STREET ADDRESS **2320 Bent Pine Drive**
4.4 CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **D**
NAME **DORRINGTON, HUGH**
STREET ADDRESS **3858 SEAGROVE LANE**
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE **D** Change Addition
5.2 NAME **KEILY, Ann**
5.3 STREET ADDRESS **2551 Lakes of Melbourne Drive**
5.4 CITY-ST-ZIP **Melbourne, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** Change Addition
6.2 NAME **RETTIG, Bill**
6.3 STREET ADDRESS **2398 Lakes of Melbourne Drive**
6.4 CITY-ST-ZIP **Melbourne, FL 32904**

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 110.07(3)(b), 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.

SIGNATURE: William Snavely, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Jan. 23, 1995 407-951-1484
Date City/Phone Area #