

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90044 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12930**

1. Corporation Name

**LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.**

Principal Place of Business

107 BUCCANEER DRIVE  
LEESBURG FL 34788

Mailing Address

107 BUCCANEER DR  
LEESBURG FL 34788  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/10/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2623495
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PAXSON, WILLIAM  
13 CEDAR DEY WAY  
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name	Nicholas, Regina
82 Street Address (P.O. Box Number is Not Acceptable)	77 Buccaneer Dr.
83	
84 City	Leesburg FL
85 Zip Code	34788

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 Regina S. Nicholas Regina Nicholas, Secretary 1-8-99  
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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAXSON, WILLIAM	1.2 NAME	Nicholas, Regina
STREET ADDRESS	13 CEDAR KEY WAY	1.3 STREET ADDRESS	77 Buccaneer Dr.
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	Leesburg, FL, 34788
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVER, DAVID	2.2 NAME	Sarver, David
STREET ADDRESS	13 KEY BISCAYNE WAY	2.3 STREET ADDRESS	13 Key Biscayne Wayne
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, EILEEN	3.2 NAME	Dowling, Eileen
STREET ADDRESS	38 BAYBERRY DR	3.3 STREET ADDRESS	38 Bayberry Dr.
CITY-ST-ZIP	LEESBURG FL 24788	3.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, MARY	4.2 NAME	Burke, Mary
STREET ADDRESS	124 BUCCANEER DR	4.3 STREET ADDRESS	124 Buccaneer Dr.
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, PATRICIA	5.2 NAME	Avery, Bernard
STREET ADDRESS	53 LATTICE DR	5.3 STREET ADDRESS	55 Buccaneer Dr
CITY-ST-ZIP	LEESBURG FL 34788	5.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRIAM, EDWARD	6.2 NAME	Haag, Romaine
STREET ADDRESS	96 SEA FERN DR	6.3 STREET ADDRESS	17 Lattice Dr.
CITY-ST-ZIP	LEESBURG FL 24788	6.4 CITY-ST-ZIP	Leesburg, FL 34788

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: Regina S. Nicholas SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 352-326-2485  
 Regina Nicholas, Secretary  
Date Daytime Phone #