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Apr 21 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13079 (1)**

1. Corporation Name

**LAKE WALES ESTATES LAND AND HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4930 SAND DOLLAR STREET  
LAKE WALES FL 33853**

**4930 SAND DOLLAR STREET  
LAKE WALES FL 33853**



3. Date Incorporated or Qualified

**12/13/1985**

4. FEI Number

**59-2638652**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNUDSEN, DOLORES A  
4930 SAND DOLLAR ST.  
LAKE WALES FL 33853**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**800002435498**

**83** -04/21/98-01068-001

**84** City

**\*\*\*70.00**

**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

**Dolores A. Knudsen**

**Dolores A. Knudsen**

**April 13, 1998**

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 **PD** ☒ DELETE  
NAME **PICHARD, PAUL**  
STREET ADDRESS **4930 SAND DOLLAR STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VD** ☒ DELETE  
NAME **PINDER, GEORGE**  
STREET ADDRESS **4930 SAND DOLLAR STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VD** ☒ DELETE  
NAME **IORIO, JAMES**  
STREET ADDRESS **4930 SAND DOLLAR STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☒ DELETE  
NAME **COLVIN, KATHLEEN**  
STREET ADDRESS **4930 SAND DOLLAR STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **TD** ☒ DELETE  
NAME **FISHER, JOSEPHINE**  
STREET ADDRESS **4930 SAND DOLLAR STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Louis Humphrey**  
1.3 STREET ADDRESS **4690 Lighthouse Ave**  
1.4 CITY-ST-ZIP **Lake Wales, FL. 33853**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **David Bass**  
2.3 STREET ADDRESS **4930 Greyhound Ave**  
2.4 CITY-ST-ZIP **Lake Wales, FL. 33853**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☒ Change ☐ Addition  
4.2 NAME **Dolores A. Knudsen**  
4.3 STREET ADDRESS **4930 Sand Dollar Street**  
4.4 CITY-ST-ZIP **Lake Wales, FL. 33853**

5.1 TITLE **TD** ☒ Change ☐ Addition  
5.2 NAME **Dolores A. Knudsen**  
5.3 STREET ADDRESS **4930 Sand Dollar Street**  
5.4 CITY-ST-ZIP **Lake Wales, FL. 33853**

6.1 TITLE ☒ Change ☐ Addition  
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.

SIGNATURE:

**Dolores A. Knudsen**

**April 13, 1998**

CR2E037 (10/97)