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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N13079**

1. Corporation Name

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

Principal Place of Business  
4930 SAND DOLLAR STREET  
LAKE WALES FL 33853

Mailing Address  
4930 SAND DOLLAR STREET  
LAKE WALES FL 33853



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/13/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2638652

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 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

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

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 Dolores A. Knudsen  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 12, 1999  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HUMPHREY, LOIS  
STREET ADDRESS 4690 LIGHTHOUSE AVE  
CITY-ST-ZIP LAKE WALES FL 33853

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME BASS, DAVID  
STREET ADDRESS 4930 GREYHOUND AVE  
CITY-ST-ZIP LAKE WALES FL 33853

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME KNUDSEN, DOLORES A  
STREET ADDRESS 4930 SAND DOLLAR STREET  
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE TD ☐ DELETE  
NAME KNUDSEN, DOLORES  
STREET ADDRESS 4930 SAND DOLLAR STREET  
CITY-ST-ZIP LAKE WALES FL 33853

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Dolores A. Knudsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 1999  
Date

941-537-5226  
Daytime Phone #

CR2E037 (1/98)