FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13967

(7)

LAKE-IN-THE-WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				t (Bairres and Jinden fiftin basid Millis famil Albis midit bings albif nings dillif iant			
4720 BECK LAK MELBOURNE FE		4720 BECK LAKE TRAIL MELBOURNE FL 32901-8557				3. Date Incorporated or Qualified	
MCEDOGRINE PE	_ 32301-0337	MELBOURNE PL 32301-0337				03/21/1986	
						4. FEI Number Applied For	
0.0:	1.00	Address					
21	lace of Business	2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution	
City & State		City & State				7. Is this nonprofit corporation a homeawners association?	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 📗 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name		
	L, PAUL R LAKE WATERFORD WAY				Street /	t Address (P.O. Box Number is Not Acceptable)	
	IRNE FL 32901						
					City	FL 85 Zip Code	
11 Dura inst	to the perilolens of Sections 617.0600	and 017 1500 Florido Ctatu	too the c	1	nomad		
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 Signature, typod or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when refinitating) DATE							
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.11	1.1 TITLE		Change Addition	
NAME	KNOEBEL, PAUL R		1.2 1	1.2 NAME			
STREET ADDRESS	4720-4 LAKE WATERFORD WA	·Υ	1.3 STREE		address	,	
CITY-ST-ZIP_	MELBOURNE FL		_1.4 0	CITY-ST	- ZIP		
TITLE	SD	DELETE	7 r.S	TITLE		☐ Change ☐ Addition	
NAME	THOM BAILEY		2.2 1	2.2 NAME			
STREET ADDRESS	4540-4 BECK LANE TRAIL		2.3 9	STREET	ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2, 4	CITY-S	T-ZIP		
TITLE	D	DELETE	3,1 1	TITLE		Change Addition	
NAME	DOROTHY GOETZ		3.2 NAME				
STREET ADDRESS	4720-3 LAKE WATERFORD WA	·Υ	3,3 STREET		ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-		T-ZIP		
TITLE	D	☐ DELETE	4,1 T	ITLE]	Change Addition	
NAME	KAY LARSON		4. 2 NAME		- 1		
STREET ADDRESS	4630 BECK LAKE TRAIL		4.3 STREET		ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	- Ed agree		CITY-ST	-ZIP		
TITLE	TVD	DELETE	5.1 T		l	TVD Change Addition	
NAME	MARTIN, LEONARD J	••	5.2 NAME			Honora Juekbens	
STREET ADDRESS	4775-3 LAKE WATERFORD WA	λY			ADDRES\$	Honora Tuergens 4610-1 Beck lake Tr Mel Bourne Fl 32901	
CITY-ST-ZIP	MELBOURNE FL	- Der Pre		TY-ST	- ZIP	MELBOURNE FL 32901	
TITLE		DELÈTE	6.1 TITLE		- 1	Change Addition	
NAME .				IAME	l		
STREET ADDRESS			6.3 9	TREET /	ADDRESS		

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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 an attachment with an address.