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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N15581 (4)

1. Corporation Name

LAKE EUSTIS VILLAGE PROPERTY OWNERS, INC.



Principal Place of Business

**35315 ORANGE GROVE LANE, LEESBURG, FL.
PO BOX 392
GRAND ISLAND FL 32735
US**

Mailing Address

**35315 ORANGE GROVE LANE, LEESBURG, FL.
PO BOX 392
GRAND ISLAND FL 32735
US**

3. Date Incorporated or Qualified
06/24/1986

3a. Date of Last Report
02/05/1996

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 **25** **29** **30**

4. FEI Number
59-2855954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BEGGS, RICHARD
12029 LAKEVIEW DRIVE
LEESBURG FL 34788**

10. Name and Address of New Registered Agent

81 Name **PEGGY WILLIS**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **35315 ORANGE GROVE LANE**
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 *Peggy Willis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4 March 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEGGS, RICHARD	
STREET ADDRESS	12029 LAKEVIEW DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARRABEE, MARILYN	
STREET ADDRESS	12024 LAKEVIEW DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, FLOYD W.	
STREET ADDRESS	35319 LAKE BRADLEY DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, ANN	
STREET ADDRESS	35307 HARBOR SHORES ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCARBROUGH, KATHRYN	
STREET ADDRESS	35336 LAKE BRADLEY DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORSE, PHYLLIS	
STREET ADDRESS	12110 MARY LANE	
CITY-ST-ZIP	LEESBURG FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROGERS ANN	
1.3 STREET ADDRESS	35307 HARBOR SHORES	
1.4 CITY-ST-ZIP	LEESBURG FL, 34788	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARRABEE, MARILYN	
2.3 STREET ADDRESS	12024 LAKEVIEW DRIVE	
2.4 CITY-ST-ZIP	LEESBURG FL 34788	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JENKINS DELORES	
3.3 STREET ADDRESS	12039 GRACE LANE	
3.4 CITY-ST-ZIP	LEESBURG FL 34788	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLMYER DOROTHY	
4.3 STREET ADDRESS	35329 LAKE BRADLEY DRIVE	
4.4 CITY-ST-ZIP	LEESBURG FL 34788	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIS, PEGGY	
5.3 STREET ADDRESS	35315 ORANGE GROVE LANE	
5.4 CITY-ST-ZIP	LEESBURG FL 34788	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *PEGGY WILLIS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 March 1997

Daytime Phone # **0077752**

CR2E037 (9/96)