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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15581** (4)

1. Corporation Name

**LAKE EUSTIS VILLAGE PROPERTY OWNERS, INC.**

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**06/24/1986**

4. FEI Number

**59-2855954**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 35315 Orange Grove Ln.**

**26 PO Box 392**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Leesburg FL**

**28 Grand Island FL**

Zip

Zip

**24 34788**

**29 32735**

Country

Country

**25 Lake**

**30 Lake**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, PEGGY  
35315 ORANGE GROVE LANE  
LEESBURG FL 34788**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ROGERS, ANN**  
STREET ADDRESS **35307 HARBOR SHORES**  
CITY - ST - ZIP **LEESBURG FL**

TITLE **VD** ☐ DELETE

NAME **LARRABEE, MARILYN**  
STREET ADDRESS **12024 LAKEVIEW DRIVE**  
CITY - ST - ZIP **LEESBURG FL**

TITLE **D** ☐ DELETE

NAME **JENKINS, DELORES**  
STREET ADDRESS **12039 GRACE LANE**  
CITY - ST - ZIP **LEESBURG FL**

TITLE **D** ☐ DELETE

NAME **ROGERS, ANN**  
STREET ADDRESS **35307 HARBOR SHORES ROAD**  
CITY - ST - ZIP **LEESBURG FL**

TITLE **SD** ☐ DELETE

NAME **MORSE, PHYLLIS**  
STREET ADDRESS **12110 MARY LANE**  
CITY - ST - ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **Swan, Joe H.**  
1.3 STREET ADDRESS **PO Box 252**  
1.4 CITY - ST - ZIP **Grand Island FL 32735**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **Ann Rogers, Ann**  
2.3 STREET ADDRESS **35307 Harbor Shores Rd.**  
2.4 CITY - ST - ZIP **Leesburg FL 34788**

3.1 TITLE **2nd V.D.** ☒ Change ☐ Addition

3.2 NAME **Larrabee, Marilyn**  
3.3 STREET ADDRESS **12024 Lakeview Dr.**  
3.4 CITY - ST - ZIP **Leesburg FL 34788**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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.

SIGNATURE:

*Peggy Willis, treas.*

*2/13/98 (352)589-5403*

CR2E037 (10/97)