


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90190 026 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N15581</b>					
1. Corporation Name <b>LAKE EUSTIS VILLAGE PROPERTY OWNERS, INC.</b>					
Principal Place of Business 35315 ORANGE GROVE LN LEESBURG FL 34788 US			Mailing Address P O BOX 392 GRAND ISLAND FL 32735 US		



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		3. Date Incorporated or Qualified 06/24/1986 4. FEI Number 59-2855954 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -- 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent <b>WILLIS, PEGGY 35315 ORANGE GROVE LANE LEESBURG FL 34788</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. Morse, Phyllis	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROGERS, ANN		1.2 NAME				
STREET ADDRESS	35307 HARBOR SHORES		1.3 STREET ADDRESS	12110 Mary Lane			
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP	Leesburg FL 34788			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.D. Jenkins, Daryl	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ANN ROGERS, ANN		2.2 NAME				
STREET ADDRESS	35307 HARBOR SHORES RD		2.3 STREET ADDRESS	35229 Orange Grove Lane			
CITY-ST-ZIP	LEESBURG FL 34788		2.4 CITY-ST-ZIP	Leesburg FL 34788			
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	S/D Larrabee Marilyn	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LARRABEE, MARILYN		3.2 NAME				
STREET ADDRESS	12024 LAKEVIEW DR		3.3 STREET ADDRESS	12024 Lakeview Dr			
CITY-ST-ZIP	LEESBURG FL 34788		3.4 CITY-ST-ZIP	Leesburg FL 34788			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	T. Willis Peggy	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROGERS, ANN		4.2 NAME				
STREET ADDRESS	35307 HARBOR SHORES ROAD		4.3 STREET ADDRESS	35315 Orange Grove Lane			
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	Leesburg FL 34788			
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	D. Rogers, Waitus	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MORSE, PHYLLIS		5.2 NAME				
STREET ADDRESS	12110 MARY LANE		5.3 STREET ADDRESS	35307 Harbor Shores Road			
CITY-ST-ZIP	LEESBURG FL		5.4 CITY-ST-ZIP	Leesburg FL 34788			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: Peggy Willis SIGNATURE REQUIRED

5 Feb 1999 (352) 589-5403