

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15581

FILED
Jan 22, 2004
Secretary of State

Entity Name: LAKE EUSTIS VILLAGE PROPERTY OWNERS, INC.

Current Principal Place of Business:

35315 ORANGE GROVE LN
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 392
GRAND ISLAND, FL 32735 US

New Mailing Address:

FEI Number: 59-2855954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MDCORMICK, LYNN
12509 BLUE HERON WAY
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

MCCORMICK, LYNN
12509 BLUE HERON WAY
LEESBURG, FL 34788 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN MCCORMICK

01/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEIN, NORMAN
Address: 35446 ORANGE GROVE LANE
City-St-Zip: LEESBURG, FL 34788

Title: VP () Delete
Name: PIERCE, EARL
Address: 35239 ORANGE GROVE LANE
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: JOHNSON, FAYNITA
Address: 35229 ORANGE GROVE LANE
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: MCCORMICK, LYNN
Address: 12509 BLUE HERON WAY
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: VANCE, DAVID
Address: 35246 LAKE BRADLY DR.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN MCCORMICK

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01/22/2004

Electronic Signature of Signing Officer or Director

Date