FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State
05-15-1999 90011 023 ****61.25

DOCUMENT # ✓

1. Corporation Name
LAKE CANE HILLS 1ST ADDITION COM. ASSOC. INC

Principal Place of Business
WESTMAR & RIDGEWAY DR (PARK)
ORLANDO FL 32819

Mailing Address

2. Principal Place of Business
21
22 ORLANDO FL
Suite, Apt. #, etc.
23 32819 ORANGE
City & State
24 Zip 25 Country

2a. Mailing Address
26 5622 CLEARVIEW DR
Suite, Apt. #, etc.
27
28 ORLANDO FL
City & State
29 32819 30 ORANGE
Zip Country

3. Date Incorporated or Qualifed
7-9-86

4. FEI Number
59-3025423
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NINA LIZZOLI
5622 CLEARVIEW DR
ORLANDO, FL 32819

10. Name and Address of New Registered Agent

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 Nina Lizzoli 4/1/99
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	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NINA LIZZOLI		1.2 NAME	
STREET ADDRESS	5622 CLEARVIEW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KERRY CHESTER		2.2 NAME	
STREET ADDRESS	WESTMAR DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEN E.		3.2 NAME	
STREET ADDRESS	5702 RIDGEWAY DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JEFF BUSCH		4.2 NAME	
STREET ADDRESS	5719 CLEARVIEW DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO 32819		4.4 CITY-ST-ZIP	
TITLE	CONNIE MIGLIARA SEC/TRES	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5606 RIDGEWAY DR		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Nina Lizzoli Pres. 4/1/99 407-351-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #