

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N16414****(7)**

1. Corporation Name

LOVELL TERRACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1155 HIGHLAND ACRES DR.
APOPKA FL 32703
US****1155 HIGHLAND ACRES DR.
APOPKA FL 32703-5813
US**3. Date Incorporated or Qualified
08/19/19863a. Date of Last Report
03/15/1996

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 Zip

Country

29 Zip

Country

4. FEI Number
59-2882261Applied For
Not Applicable5. 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

10. Name and Address of New Registered Agent

**RHYNE, HERMAN JOSEPH
1155 HIGHLAND ACRES DR.
APOPKA FL 32703****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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **RHYNE, HERMAN JOSEPH**
STREET ADDRESS **1155 HIGHLAND ACRES DR.**
CITY-ST-ZIP **APOPKA FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **VPD** ☐ DELETE
NAME **BROOKS, BECKY**
STREET ADDRESS **222 LOVELL LANE**
CITY-ST-ZIP **APOPKA FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **STD** ☐ DELETE
NAME **RHYNE, HERMAN JOSEPH**
STREET ADDRESS **1155 HIGHLAND ACRES DR.**
CITY-ST-ZIP **APOPKA FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **GINGER, RENO**
STREET ADDRESS **262 LOVELL LN.**
CITY-ST-ZIP **APOPKA FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **RESENDES, PATRICIA HOPE**
STREET ADDRESS **208 LOVELL LN.**
CITY-ST-ZIP **APOPKA FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012693

11. Joseph L Rhyme 2/10/97 4078890827

CP2E037 (9/96)