SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90007 003 ****61.25

0000678

DOCUMENT # N16414

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 US

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 08/19/1986

4. FEI Number: 59-2882261 ☐ 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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	RHYNE, HERMAN JOSEPH		1.2 NAME	RICK THOMBLESON	
STREET ADDRESS	1155 HIGHLAND ACRES DR.		1.3 STREET ADDRESS	253 LOVELL LN	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BROOKS, BECKY		2.2 NAME	BONNIE SCHMIDT	
STREET ADDRESS	222 LOVELL LANE		2.3 STREET ADDRESS	265 LOVELL LN	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	STD	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	RHYNE, HERMAN JOSEPH		3.2 NAME	RHYNE, HERMAN JOSEPH	
STREET ADDRESS	1155 HIGHLAND ACRES DR.		3.3 STREET ADDRESS	1155 HIGHLAND ACRES DR.	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GINGER, RENO		4.2 NAME	FRENCH, EVY	
STREET ADDRESS	262 LOVELL LN.		4.3 STREET ADDRESS	749 BRIGHTVIEW DR.	
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	RESENDES, PATRICIA HOPE		5.2 NAME	CALLAHAN, RON	
STREET ADDRESS	208 LOVELL LN.		5.3 STREET ADDRESS	213 LOVELL LN	
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	LEWIS, SANDRA	
STREET ADDRESS			6.3 STREET ADDRESS	2708 GLENN EDWIN CRT.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	APOPKA, FL 32712	

CR2E037 (5/99)

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: SIGNATURE REQUIRED HERMAN RHYNE, TREASURER 7/26/99 407 889-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #