NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N17533

(3)

| LAKE N | iona est | ATE COMMUNITY | ASS | OCIATION, INC. | | | | | | | | |
|---|---------------------|---|--------------|---|-----------------------|---------------|-----------------------|---|---|----------------|---------------------------|---------------------------------|
| Principal Place | of Business | | Ma | ailing Address | | | | | f hantelme dat bigit ennan meine licen e | 184 WI WEI WIL |) 11 MIN 11 MIN 1 | E(#11 #1#1+ 1##+ |
| 9801 LAKE NONA RD. ORLANDO FL 32827-7017 | | | | 9801 LAKE NONA RD. ORLANDO FL 32827-7017 | | | | | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 10/27/1986 | 3 a. D | ate of Last I 04/18/19 | Report 195 |
| Principal Place of Business 21 | | | | 2a. Mailing Address 26 | | | | | 4. FEI Number | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | 区 | | Additional Required |
| City & State | | | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | | May Be d to Fees | |
| Zip | Country | | | Zip Cou | | | | | 8. This corporation has liability for in | | | |
| 24 | | 25 29 30 Name and Address of Current Registered Agent | | | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | |
| | 9. Name a | na Address of Current | Hegis | tered Agent | | 81 | Name | | TO. Name and Address of New Ne | Bisreien | Ayem | |
| ODAY M | OLBI T | | | | | | | | | | | |
| GRAY, JOHN T. % LAKE NONA CORPORATION | | | | 82 | | | Street | Addres | s (P.O. Box Number is Not Acceptable |) | | |
| 9801 LAKE NONA RD | | | | | | | | | | | | |
| | O FL 32827 | • | | | | 83 | | | | | | |
| ONEMID | O I L OZOLI | | | | | 84 | City | | | FL | 85 Zıç | Code |
| or register | ed agent, or b | ns of Sections 617.0502 a oth, in the State of Florida the obligations of, Sectio | a. Sucr | i change was authorize | s, the at d by the | oove-r | named co oration's | orporati board | on submits this statement for the purp of directors. I hereby accept the appoi | ose of ch | nanging its re | egistered office agent. I am |
| SIGNATURE _ | | | | 0.00 | T D | | | | theo reinstativig) | DATE | | |
| 12. | Signature, typed or | printed name of registered agent a OFFICERS AND | | | 13 | | it signature | required w | ADDITIONS/CHANGES TO OFFIC | | D DIRECTO | RS IN 12 |
| TITLE | PD | OI Y IOCY IO Y IV | OII IEC | DELETE | | TITLE | | P | | | K Change | Addition |
| NAME | REICHEL. | RICHARD P | | _ | 1.2 | NAME | | 1 - | n, Randy | | _ | |
| STREET ADDRESS | 9801 LAK | E NONA ROAD | | | 1.3 | STREET | ADDRESS | 75ŏ | O Hinson Street Apt | 5B | | |
| CITY-ST-ZIP | ORLANDO |) FL | | | 1,4 | CITY-S | T- Z IP | 0r1 | ando, FL 32819 | | | |
| TITLE | VOS | | | DELETE | 2.1 | TITLE | | $\overline{v_{\rm D}}$ | | | K Change | ☐ Addition |
| NAME | GRAY, JO | | | | 22 | NAME | | Sil | verton, Vivienne | | | |
| STREET ADDRESS | | e nona road | | | 23 | STAEET | address | 535 | 3 Isleworth CC Drive | e | | |
| CITY - ST - ZIP | ORLANDO |) FL | | | 2 4 | CITY-S | ST-ZIP | Win | dermere, FL 34786 | | | |
| TITLE | D | 100 1 411051105 14 | | DELETE | | TITLE | | SD | | | Change | ☐ Addition |
| NAME | | JRG, LAWRENCE M. | | | | NAME | | 4 | kkar, Rasesh | | | |
| STREET ADDRESS | | E NONA ROAD | | | | | ADDRESS | | 2 Isleworth CC Driv | e | | |
| CITY-ST-ZIP | ORLANDO |) FL | | DELETE | _ | . CITY-S | ST-ZIP | Win | dermer:,FL 34786 | | Change | |
| TITLE | | | | Dereie | | TITLE NAME | | TD | | | ☐ Change | E Natition |
| NAME SZREEZ AGOREGO | | | | | | | *NOBECC | | s, Jefferson R. | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | Jefferson Street | | | 1 |
| CITY-ST-ZIP TITLE | | | | DELETE | | CITY - S | II-ZIP | Uak | land, FL 34760 | | Change | Addition |
| NAME | | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP |] | | | | | CITY - S | | | | | | |
| TITLE | | | | DELETE | | TITLE | | | | | ☐ Change | Addition |
| NAME | | | | | 6.2 | NAME | | | | | | |
| STREET ADDRESS | | | | | 6.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 6.4 | CITY-S | ST - ZIP | | | | | |

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 1. de 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 the supplemental appears in Block 12 or Block 13 in chariged, or on an attachment with an appress.

SIGNATURE:

(407) 851-9091

Daytime Phone #