NP

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21 1997 8:00am
Secretary of State

DOCUMENT # N17533 (3)

1. Corporation Name
LAKE NONA ESTATE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~9801 LAKE NONA RD~~ ~~ORLANDO FL 32827-7917~~	~~9801 LAKE NONA RD~~ ~~ORLANDO FL 32827-7917~~

3. Date Incorporated or Qualified: 10/27/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21: 215 North Eola Drive
Suite, Apt. #, etc. — 22:
City & State — 23: Orlando, FL
Zip — 24: 32801 Country — 25: USA

2a. Mailing Address — 26: 215 North Eola Drive
Suite, Apt. #, etc. — 27:
City & State — 28: Orlando, FL
Zip — 29: 32801 Country — 30: USA

4. FEI Number: 59-2935980 ☐ Applied For ☐ Not Applicable

5. 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

~~GRAY, JOHN T.~~
~~% LAKE NONA CORPORATION~~
~~9801 LAKE NONA RD~~
~~ORLANDO FL 32827~~

10. Name and Address of New Registered Agent

81 Name: Goff, Barry L.
82 Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Drive
83:
84 City: Orlando **FL** 85 Zip Code: 32801

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 _____ 5-14-97
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	P	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LYON, RANDY		1.2 NAME	LYON, R. RANDOLPH JR.	
STREET ADDRESS	7500 HINSON STREET APT 5B		1.3 STREET ADDRESS	9801 Lake Nona Road	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32827	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SILVERTON, VIVIENNE		2.2 NAME	SILVERTON, VIVIENNE	
STREET ADDRESS	5353 ISLEWORTH CC DRIVE		2.3 STREET ADDRESS	9801 Lake Nona Raod	
CITY-ST-ZIP	WINDERMERE FL		2.4 CITY-ST-ZIP	Orlando, FL 32827	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THAKKAR, RASESH		3.2 NAME		
STREET ADDRESS	5062 ISLEWORTH CC DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TDV	☒ Change ☐ Addition
NAME	VOSS, JEFFERSON R.		4.2 NAME	VOSS, JEFFERSON R.	
STREET ADDRESS	550 JEFFERSON STREET		4.3 STREET ADDRESS	9801 Lake Nona Road	
CITY-ST-ZIP	OAKLAND FL		4.4 CITY-ST-ZIP	Orlando, FL 32827	
TITLE		☐ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME			5.2 NAME	TURPIN, KAREN	
STREET ADDRESS			5.3 STREET ADDRESS	9801 Lake Nona Road	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32827	
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		

ND 5/21

Bk dep 5/61.25

CR2E037 (9/96)

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.

K. C. Turpin