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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N17533

1. Corporation Name

LAKE NONA ESTATE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9801 LAKE NONA RD ORLANDO FL 32837 US	215 NORTH EOLA DRIVE ORLANDO FL 32801

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 200 SOUTH ORANGE AVENUE	10/27/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 2300	4. FEI Number 59-2935980 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ORLANDO, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32801 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GOFF, BARRY L~~ 215 NORTH EOLA DRIVE ORLANDO FL 32801	81 Name A.G.C. CO 82 Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE 83 SUITE 2300 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 A Thomas Goff Vice Pres 4/28/99

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LYON, R. RANDOLPH JR		1.2 NAME	
STREET ADDRESS	9801 LAKE NONA ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SILVERTON, VIVIENNE		2.2 NAME	
STREET ADDRESS	9801 LAKE NONA RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827		2.4 CITY-ST-ZIP	
TITLE	TDV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VOSS, JEFFERSON R		3.2 NAME	
STREET ADDRESS	9801 LAKE NONA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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	

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 4/28/99 Jefferson R. Voss (407)851-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)