SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N18498** **(8)**

1. Corporation Name
VILLAGE LAKELAND HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
THE CLUB HOUSE 3574 LAZY LAKE DRIVE. NORTH LAKELAND FL 33801	THE CLUB HOUSE 3574 LAZY LAKE DRIVE. NORTH LAKELAND FL 33801

3. Date Incorporated or Qualified: 12/29/1986
3a. Date of Last Report: 03/17/1995
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):
4. FEI Number: 59-2752600 ☐ 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

BUTLER, MARGARET
420 LEISURE PLACE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: Rita Stauffer
82 Street Address (P.O. Box Number is Not Acceptable): 440 Leisure Place
83:
84 City: Lakeland, **FL** 85 Zip Code: 33801

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: Rita Stauffer, Director — Rita F. Stauffer — 06/25/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRIEN, JEANNE 503 OAK RIDGE W LAKELAND FL	XXXX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Williams, Connie 3532 Lazy Lake Dr. N Lakeland, FL 33801	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAUFFER, RITA 440 LEISURE PL LAKELAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEETS, RUTH 421 SKYLINE E LAKELAND FL	XXX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Wetherell, Anna 509 Oak Ridge E. Lakeland, FL 33801	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIND, WILLIAM 431 LEISURE PL LAKELAND FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKER, EMMA 426 SKYLINE E LAKELAND FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICKFORD, ARNOLD 503 OAKRIDGE W LAKELAND FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

14. I do 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 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] William Sind, Pres. 6/25/96 (941) 665-4538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012753