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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STAUFFER, RITA
440 LEISURE PL
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: SIND, WILLIAM J.
82 Street Address (P.O. Box Number Is Not Acceptable): 431 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: William J Sind — WILLIAM J. SIND — FEBRUARY 25, 1998
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	D	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	WILLIAMS, CONNIE		1.2 NAME	SPENCER, JAMES	
STREET ADDRESS	3532 LAZY LAKE DR N		1.3 STREET ADDRESS	3527 LAZY LAKE DR. S	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	~~LAKELAND, FL 33801~~	
TITLE	D	☒ DELETE	2.1 TITLE	C	☐ Change ☒ Addition
NAME	STAUFFER, RITA		2.2 NAME	GALLUCCI, ANTHONY	
STREET ADDRESS	440 LEISURE PL		2.3 STREET ADDRESS	535 OAK RIDGE W	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	WETHERELL, ANNA		3.2 NAME	MARTIN, BETTE	
STREET ADDRESS	509 OAK RIDGE E		3.3 STREET ADDRESS	546 OAK RIDGE E	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	P	☐ DELETE	4.1 TITLE	VP (1st)	☐ Change ☒ Addition
NAME	SIND, WILLIAM		4. 2 NAME	ANNORINO, BART	
STREET ADDRESS	431 LEISURE PL		4.3 STREET ADDRESS	507 OAK RIDGE W	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	☐ DELETE	5.1 TITLE	VP (2nd)	☐ Change ☒ Addition
NAME	AKER, EMMA		5.2 NAME	CASPARIUS, LORRAINE	
STREET ADDRESS	426 SKYLINE E		5.3 STREET ADDRESS	435 LAZY LAKE DR. W	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BICKFORD, ARNOLD		6.2 NAME	ELMORE, IRMA	
STREET ADDRESS	503 OAKRIDGE W		6.3 STREET ADDRESS	507 LAZY LAKE DR.W	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FL 33801	

CR2E037 (10/97)

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.

SIGNATURE: William J Sind — WILLIAM J. SIND — FEBRUARY 25, 1998 — (941)665-4538

ADDITIONS/CHANGES TO OFFICERS/DIRECTORS IN 12 (Page 2)

7.1 TITLE	D
7.2 NAME	GRESS, MICHAEL
7.3 ADDRESS	448 LEISURE PLACE
7.4 CITY	LAKELAND, FL 33801

8.1 TITLE	D
8.2 NAME	MARCHANT, DOROTHY
8.3 ADDRESS	432 LAZY LAKE DR. W
8.4 CITY	LAKELAND, FL 33801