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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N18498**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/29/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2752600 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 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
SIND, WILLIAM J 431 LEISURE PLACE LAKELAND FL 33801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, Chrm. William J Sind DATE 3-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, JAMES	1.2 NAME	
STREET ADDRESS	3527 LAZY LAKE DR S	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	C ☒ DELETE	2.1 TITLE	C ☒ Change ☐ Addition
NAME	GALLUCCI, ANTHONY	2.2 NAME	SIND WILLIAM
STREET ADDRESS	535 OAK RIDGE W	2.3 STREET ADDRESS	431 LEISURE PL
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	LAKELAND FL 33801
TITLE	D ☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	WETHERELL, ANNA	3.2 NAME	PRITZ, ANN
STREET ADDRESS	509 OAK RIDGE E	3.3 STREET ADDRESS	442 PERCH PL
CITY-ST-ZIP	LAKELAND FL	3.4. CITY-ST-ZIP	LAKELAND FL 33801
TITLE	P ☒ DELETE	4.1 TITLE	P ☒ Change ☐ Addition
NAME	SIND, WILLIAM	4. 2 NAME	ANNORINO, BART
STREET ADDRESS	431 LEISURE PL	4.3 STREET ADDRESS	507 OAKRIDGE WEST
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND FL 33801
TITLE	D ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	AKER, EMMA	5.2 NAME	MCNIFFE, EMMA
STREET ADDRESS	426 SKYLINE E	5.3 STREET ADDRESS	426 SKYLINE DR EAST
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	GRESS, MICHAEL
STREET ADDRESS	503 OAKRIDGE W	6.3 STREET ADDRESS	448 LEISURE PL
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND FL 33801

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: William J. Sind FILED William J Sind 3-1-99 (941)665-4538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)