SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $145 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $240)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20671** **(6)**

1. Corporation Name

LAKE ROYALE HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JOHN G. WOOD. JR. 3601 CYPRESS GARDENS ROAD. SUITE A WINTER HAVEN FL 33884	C/O JOHN G. WOOD. JR. 3601 CYPRESS GARDENS ROAD. SUITE A WINTER HAVEN FL 33884

3. Date Incorporated or Qualified: 05/15/1987
3a. Date of Last Report: 03/30/1994
4. FEI Number: NOT APPLICABLE — ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 PO Box 14505	26 PO Box 14505
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BRADENTON FL	28 City & State: BRADENTON, FL
24 Zip: 34280-4505 25 County: MANATEE	29 Zip: 34280-4505 30 Country: MANATEE

9. Name and Address of Current Registered Agent

WOOD, JOHN G. JR.
3601 CYPRESS GARDENS RD., SUITE A
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

31 Name: David R. Quaderer
32 Street Address (P.O. Box Number is Not Acceptable): 4931 32 AV. DR. W.
33
34 City: BRADENTON FL 35 Zip Code: 34209

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: _____ David R. Quaderer 7/5/95
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	PD BEALE, MAURICE 3601 CYPRESS GRDNS RD A WINTER HAVEN FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD PAULA KREITSEK 4919 32 AV. DR. W. BRADENTON, FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COURT, ROBERT 3601 CYPRESS GRDNS RD A WINTER HAVEN FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD DAVID Quaderer 4931 32 AV. DR. W. Bradenton, FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCUE, IAN 3601 CYRPESS GRDNS RD A WINTER HAVEN FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Lorraine Posse 4916 32 AV. DR. W. Bradenton, FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/95)

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)(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: _____ David R. Quaderer 7/5/95 941-792-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014244