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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N21527** **(9)**

1. Corporation Name

VILLAS OF LAKE MAMIE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
~~1166 PELICAN BAY DR~~ ~~DAYTONA BCH. FL 32119~~ ~~US~~	~~1166 PELICAN BAY DR~~ ~~DAYTONA BCH. FL 32119-1381~~ ~~US~~

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business
21: 110 Old Tree Line Tr
Suite, Apt. #, etc. 22:
City & State 23: DeLand FL
Zip 24: 32724 Country 25: USA

2a. Mailing Address
26: 110 Old Tree Line Tr
Suite, Apt. #, etc. 27:
City & State 28: DeLand FL
Zip 29: 32724 Country 30: USA

4. FEI Number: 59-2863384 ☐ 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

~~NELSON, MICHELE~~
~~1166 PELICAN BAY DR~~
~~DAYTONA BEACH FL 32119~~

10. Name and Address of New Registered Agent

81 Name: LuEllen RANSBOTTOM
82 Street Address (P.O. Box Number is Not Acceptable): 991 Old Mill Rd
83:
84 City: Ormond Beach FL 85 Zip Code: 32174

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: LuEllen Ransbottom 3-21-97
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	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOOD, GEORGE		1.2 NAME	
STREET ADDRESS	145 SANDY BLUFF TRL		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAPDELAINE, ED		2.2 NAME	
STREET ADDRESS	120 WATERS EDGE TRL		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVEILLE, BILL		3.2 NAME	
STREET ADDRESS	125 FALLEN TIMBER TRL		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HATHAWAY, BETTY		4.2 NAME	
STREET ADDRESS	100 WATERS EDGE TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KEEBLER, BILL		5.2 NAME	
STREET ADDRESS	110 FALLEN TIMBER TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		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	

CR2E037 (9/96)

14. I do 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: W.D. LeVeille, Jr. SIGNATURE REQUIRED 5/13/97 (904) 734-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #