FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

(4)

THE LAKE JULIANA LANDINGS HOMEOWNERS' ASSOCIATION AL INC.

Principal Place of Business

Mailing Address

FILED Apr 08 1997 8:00am Secretary of State



177 JULIANAN BLVD. AUBURNDALE FL 33823				177 JULIANAN BLVD. AUBURNDALE FL 33823-9642												
							-					of Last Report 04/09/1996				
2. Principal F	2a. Mailing Address						4. FEI Numl	- '		1		pplied For	-			
21 668	26 153 SULIANA BLUD					İ	59-	2874374				ot Applicable	-			
Sulte, Apt.	Suite, Apt. #, etc.					5. Certificate of Status Desired Security \$8.75 Additional Fee Required					Additional	٦				
City & State					City & State					6. Election (Campaign Fina	ancing		\$5.00	May Be	1
23 AUBUNNALL PL					28 MUSUK MINIE					Trust Fun	d Contribution	1		Added	to Fees	_
Zip 33	823	Countr	isa	201	29 3338 23 30			USA	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
241		and Addre	ss of Curren	Registe	Registered Agent				10. Name and Address of New Registered Ag				-			
				81	Name		io. Haine ai		non nog	1010100	-goin					
SNOVER, THOMAS % D							-			(D.O. D. 11						_
149 JULIANA BLVD.							82	Street	t Address		umber is Not a	Acceptable	e) 			╛
AUBURNDALE FL 33823						83									ı	
							84	City				·	FL	85 Zip	Code	7
11. Pursuant	to the provision	ons of Sect	ions 617,0502	and 617	.1508, Florida S	Statutes, th	e above	-named	d corpora	ition submits	this statement	for the pu		changing i	its registered	-
office or r agent. I a	registered agc am familiar witi	ont, or both h, and acc	i, in the State i opt the obliga	of Florida tions of, S	. Such change Section 617.050	was autho 3. Florida	rized by Statutes	the corp	rporation's	's board of di	rectors. I here	by accept	the app	ointment as	registered	1
11. Pursiant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																
12	Signature, typed o		FFICERS AND					nt signature	re required wi		O/OLIANOEO I	TO OFFICE	DATE	DIDEOLO	00 (1) 40	ي إ
TITLE	DD -	ORALI	DELET		13. 1.1 TITLE		1	AUDITION	S/CHANGES 1	IO OFFICE	.HS AND	Change	Addition	Š		
NAME		, THOMA		~)		1.2 NAME		-					☐ CHAHÇE	Manual Manual	6
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CITY-ST-ZIP		DALE FL		*			1.4 CITY - S									Š
TITLE	VPD				(K) DELET		21 TITLE		VIC	EPRE	SIPENY	· .pince	162	Change	☐ Addition	٦ ر
NAME	SNOVER	, JOYCE			22 N						BROWN				\cap	1
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NAME	WILSON,		_		3.2 N						S. HAN				\circ	
STREET ADDRESS		ANA BLV			1			ADDRESS	15	3) 00	IANA B	100	2		V	
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STREET ADDRESS	UHRMAN, BARBARA 122 JULIANA BLVD.							ADDRESS	121	ARIA	INNA U	114			- []	
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14. Ido 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.