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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24745** (4)

1. Corporation Name

**THE LAKE JULIANA LANDINGS HOMEOWNERS' ASSOCIATION
N, INC.**

Principal Place of Business

Mailing Address

177 JULIANAN BLVD.
AUBURDALE FL 33823

177 JULIANAN BLVD.
AUBURDALE FL 33823-9642



3. Date Incorporated or Qualified **02/09/1988** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business

2a. Mailing Address

21 **CLUB HOUSE**

26 **153 JULIANA BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **LAKE JULIANA LA NAINES**

27

City & State

City & State

23 **AUBURDALE FL**

28 **AUBURDALE FL**

Zip

Country

Zip

Country

24 **33823**

25 **USA**

29 **33823**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNOVER, THOMAS D
149 JULIANA BLVD.
AUBURDALE FL 33823**

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

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 **PD - President** ☐ DELETE

NAME **SNOVER, THOMAS D**
STREET ADDRESS **149 JULIANA BLVD.**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE **VPD** ☒ DELETE

NAME **SNOVER, JOYCE**
STREET ADDRESS **161 JULIANA BLVD.**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE **T** ☒ DELETE

NAME **WILSON, LOLA**
STREET ADDRESS **122 JULIANA BLVD.**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE **SD** ☒ DELETE

NAME **UHRMAN, BARBARA**
STREET ADDRESS **122 JULIANA BLVD.**
CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VICE PRESIDENT DIRECTOR** ☒ Change ☐ Addition

2.2 NAME **HARVEY BROWNELL**

2.3 STREET ADDRESS **418 CLUBHOUSE LANE**

2.4 CITY-ST-ZIP **AUBURDALE FL 33823**

3.1 TITLE **TREASURER - DIRECTOR** ☒ Change ☐ Addition

3.2 NAME **ROBERT S. HANES**

3.3 STREET ADDRESS **153 JULIANA BLVD**

3.4 CITY-ST-ZIP **AUBURDALE FL 33823**

4.1 TITLE **SECRETARY - DIRECTOR** ☒ Change ☐ Addition

4.2 NAME **BARBARA SACKETT**

4.3 STREET ADDRESS **131 ARIANNA WAY**

4.4 CITY-ST-ZIP **AUBURDALE, FL 33823**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME **JOHN BULMER**

5.3 STREET ADDRESS **258 MARIANNA DRIVE**

5.4 CITY-ST-ZIP **AUBURDALE, FL 33823**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **JOAN OSTERAAL**

6.3 STREET ADDRESS **164 MARIANNA WAY**

6.4 CITY-ST-ZIP **AUBURDALE, FL 33823**

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.

CR2E037 (9/96)