

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24745 (4)**  
1. Corporation Name  
**THE LAKE JULIANA LANDINGS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
CLUB HOUSE LAKE JULIANA LANDINGS AUBURNDALE FL 33823 US	153 JULIANA BLVD. AUBURNDALE FL 33823 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>2b</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified  
02/09/1988

4. FEI Number <b>59-2874374</b>	Applied For
	Not Applicable

**6. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
SNOVER, THOMAS D 149 JULIANA BLVD. AUBURNDALE FL 33823	81 Name <i>SN</i>
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

OVER THOMAS

ess (P.O. Box Number is Not Acceptable)

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 reinstalling)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNOVER, THOMAS D 149 JULIANA BLVD. AUBURNDALE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BROWNELL, HARVEY 418 CLUBHOUSE LANE AUBURNDALE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HANES, ROBERT S 153 JULIANA BLVD. AUBURNDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SACKETT, BARBARA 131 ARIANNA WAY AUBURNDALE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULMER, JOHN 258 MARIANNA DRIVE AUBURNDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSTERGAC, TOM 164 ARIANNA WAY AUBURNDALE FL	<input checked="" type="checkbox"/> DELETE

19.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	LOLA F WILSON		
3.3 STREET ADDRESS	122 JULIANA BLVD		
3.4 CITY - ST - ZIP	AUBURNDALE FL 33823		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	VERNA BRANNING		
5.3 STREET ADDRESS	310 LOCKOUT CIRCLE		
5.4 CITY - ST - ZIP	AUBURNDALE, FL 33823		
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	BILLIE ROBBINS		
6.3 STREET ADDRESS	305 LOCKOUT CIRCLE		
6.4 CITY - ST - ZIP	AUBURNDALE FL 33823		

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 of this report.

SIGNATURE: Lola F. Wilson - LOLA F. WILSON 4-16-98 941-984-1878

CR2E037 (10/97)