

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N26980 (5)**  
1. Corporation Name  
**LAKE JEWELL HILLS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**518 JENNIE JEWELL DRIVE**  
**%EDWARD HEIRHOLZER**  
**ORLANDO FL 32806**

3. Date Incorporated or Qualified **06/16/1988** 3a. Date of Last Report **04/20/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

## g. Name and Address of Current Registered Agent

**CROWELL, MAUREEN G**  
**510 JENNIE JEWELL DR**  
**ORLANDO FL 32806**

## 10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE **PD**  
NAME **HIERHOLZER, EDWARD L.**  
STREET ADDRESS **518 JENNIE JEWEL DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**  
NAME **SCHRIMSHER, MICHAEL A.**  
STREET ADDRESS **530 CLAIRE STREET**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**  
NAME **YATES, LEIGHTON D. JR.**  
STREET ADDRESS **3218 S. OSCEOLA AVE.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS**  
NAME **CROWELL, MAUREEN G**  
STREET ADDRESS **510 JENNIE JEWELL DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**  
NAME **ROTHAR, DAVID E.**  
STREET ADDRESS **534 JENNIE JEWELL DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

*Maureen G. Crowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maureen G. Crowell*  
Date

*4/22/96 (407) 851-8439*  
Telephone #

CR2E037 (12/95)