

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90066 040 \*\*\*\*61.25

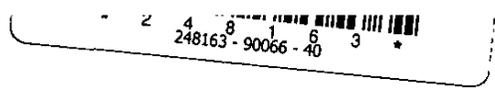
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31662**

1. Corporation Name  
**LAKE SUZY PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 12879 SW KINGS ROW LAKE SUZY FL 34266 US	Mailing Address 12879 SW KINGS ROW LAKE SUZY FL 34266 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/11/1989</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0259307</b>
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BUNTEMEYER, JOHN, H**  
**12879 SW KINGS ROW**  
**LAKE SUZY FL 34266**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, JOYCE	1.2 NAME	
STREET ADDRESS	11725 SW DALLAS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL 34266	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLINDMEIER, FRANK	2.2 NAME	
STREET ADDRESS	11792 S.W. COURTLY MANOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, RALPH	3.2 NAME	Presilla, Daniel
STREET ADDRESS	12943 SW DAVID DRIVE	3.3 STREET ADDRESS	12655 S.W. Suzy Ave.
CITY-ST-ZIP	LAKE SUZY FL	3.4 CITY-ST-ZIP	Lake Suzy, FL 34266
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBANEK, JANICE	4.2 NAME	
STREET ADDRESS	12932 SW DAVID DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL 34266	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTEMEYER, JOHN H	5.2 NAME	
STREET ADDRESS	12879 SW KINGS ROW	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Bunt Meyer DATE: 3/22/99 941-629-2557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)