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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N31665

(5)

LOST LAKES CONDOMINIUM ASSOCIATION, INC.

FILED Jun 20 1996 8:00 am Secretary of State

- F or d ialog - 1000 (100) (100)	

Principal Place	e of Business Mailing Address		e na bissac nam siran tsaim firind dende dins differ bidit bidit diffil diffil 1041		
133 LOST LA	AKE DR.	133 LOST LAKE DR.			
COCOA FL 3	· · · · ·	COCOA FL 32926			
US		US		2 Data Incorporated or Ovelland	So Date of Last Board
				3. Date incorporated or Qualified 04/12/1989	3a. Date of Last Report 04/27/1995
	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied For
	STLAKE DR.	26 140 WST W	ike or,	59-2890295	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22		27		o. Continued of States Besired	Fee Required
City & State	_	City & State	_	6. Election Campaign Financing	55.00 May Be
23 Coco			<u>FC</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 3 20 2 4	Country	This corporation has liability for int	
24 3292	25 US	29 32926	30 75		Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
			81 Name Paul	I. Wean Attorney at I	.ow
	DOROTHY, E		82 Street A	L. Wean. Attorney at I	, Kary
	'LUMOSA ST		_ Suit	<u>e C, 1305 E. Robinson S</u>	St
MERRIT	T ISLAND FL 32953		83		
			84 City		85 Zip Code
			Orla	ndo	FL 32801
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	or the chair named cor	aproling a posito this atatages to the	and the section is the section of
' familiar wi	ith, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	ed by the corporation's b	oard of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE		\ \ \	G(A) = I	$\mathcal{L}_{\mathcal{L}_{\mathbf{A}}}$	
OIGHATOLE.	Signature, typed or printed name of registered agen	t and title if applicable (NC	TE. Registered Agent signature red	uired when reinstating)	DATE
₊12 .	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	TS .	DELETE	1.1 TITLE	P 3	Change Addition
NAME	CROCKETT, BEVERLY, H		1.2 NAME	Schembre, Joseph J.	
STREET ADDRESS	101 N. PLUMOSA ST.		1.3 STREET ADDRESS	305 Meridian Run	
CITY-ST-ZIP	MERRITT ISLAND FL		14 CITY - ST - ZIP	Cocoa, Florida 32926	
TITLE	SD	S OELETE	2 1 TITLE	•	Change Addition
NAME	ADAMS, DOROTHY, E	•	2.2 NAME	TSD	**
STREET ADDRESS	101 N PLUMOSA ST		2 3 STREET ADDRESS	Stout, Arthur R.	
CITY-ST-ZIP	MERRITT ISLAND FL		2 4 CiTY-ST-ZIP	116 Aquarius Terrace	
TITLE	D	DELETE	31 TITLE	Cocoa, M.	Change Addition
NAME	SCHEMBRE, JOSEPH J	~	3.2 NAME	Elliot, Kenneth W.	Zg driange
STREET ADDRESS	305 MARIDIAN RUN		3 3 STREET ADDRESS	7291 Waelti Drive	
CITY-ST-ZIP	COCOA FL				20040
TITLE	P	DELETE	3 4. C(TY - ST - ZIP 4.1 TIFLE	Melbourne, Florida	32940 Addition
NAME	EASTLING, SUE S	7	4.1 ITTLE		Change Cayonign
STREET ADDRESS	101 N. PLUMOSA ST.	,			
i	MERRITT ISLAND FL		4 3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	MICHAILL INCAIND FL	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		
		Prefet		80000186	Change Addition
NAME			5.2 NAME ?	-06/20/960107	ンシン() 2002
STREET ADDRESS			5 3 STREET ADDRESS	***61.25	2 003
CITY-ST-ZIP		F Deciete	54 CITY - ST - ZIP	***U1.C3	\mathcal{L}
TITLE		DELETE	6 1 TITLE		Latchange) _ III Addflign
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS	(
DITY-ST-ZIP		-	64 CITY-ST-ZIP		1/2
LA LUO BEREN	iv certify that the information supplied.	urita thie tiling ie voluntorik, fura	iched and does not availe	tor the evenetion stated in Castina 110.07	cours en as leafing

roo nereby 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: Arthur R. Stout NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 1996 407-635-9365