FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

D	O	CL	JM	E	NT	#

N31665

(5)

1. Corporation	on Name	(0)		}	
LOST	LAKES CONDOMINIUM AS	SOCIATION, INC.			
1001				1 18 2 9 10 1 10 10 10 10 10 10 10 10 10 10 10 1	DI BIRL BLOK BIRLI BIRLI BIRLI BIRLI BIRLI BIRLI
		· · · · · · · · · · · · · · · · · · ·			
Principal Plac	ce of Business	Mailing Address .		1 (9511141 855 1110 (11710 31110 31110	di nich Saule geutt Ander dibit Graft Arute romt
140 LOST LAN		140 LOST LAKE DR.		1	
COCOA FL 32 US	1926	COCOA FL 32926-2587 US			
03		03		3. Date Incorporated or Qualified 04/12/1989	3a. Date of Last Report 06/20/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 150 I	ost Lake Drive	26 150 Lost La	ke Drive	59-2890295	Not Applicable
	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional
City & Stat	to	City & State			Fee Required
	, Florida	28 Cocoa, Flor	ida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Zip	Country	8. This corporation has liability fo	
24 32926	25 Brevard	29 32926	30 Brevard		Yes No
	9. Name and Address of Currer			10. Name and Address of New F	legistered Agent
			81 Name		
	PAUL L		82 Street	Address (P.O. Box Number is Not Accepta	able)
	SUITE C, 1305 E. ROBINSON ST.			· · · · · · · · · · · · · · · · · · ·	·
ORLAN	DO FL 32801		83		
			B4 City		FL 85 Zip Code
14 Days and	1 5 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	0 017 4500 Florida Ctat.	100 100 000 000 000		
office or	registered agent, or both, in the State	of Florida, Such change was	tes, the above-harned authorized by the cor	d corporation submits this statement for the poration's board of directors. I hereby acc	ept the appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, FI	orida Statutes.		
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable [NO	TE: Registered Agent signature	e required when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	X DELETE	1.1 TITLE	PD	Change Addition
NAME	SCHEMBRE, JOSEPH J		1.2 NAME	STOUT, ARTHUR R.	
STREET ADDRESS	305 MERIDIAN RUN		1.3 STREET ADDRESS	116 Aquarius Terrace	
CITY-ST-ZIP	COCOA FL 32926		1.4 CITY - ST - ZIP	COCOA, FL 32926	
TITLE	TOS	LX DELETE	2.1 TITLE	VP /D	☐ Change ☐ Addition
NAME	STOUT, ARTHUR R		2.2 NAME	PRESTEL, GORDON D.	
STREET ADDRESS	116 AQUARIUS TERRACE		2.3 STREET ADDRESS	315 Meridian Run	
CITY-ST-ZIP	COCOA FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	COCOA, FL 32926	Change Addition
NAME.	ELLIOT, KENNETH W	A Dettet	3.2 NAME	S/D	5. Oranilo Feè vitorion
STREET ADDRESS	7291 WAELTI DR.		3.3 STREET ADDRESS	DRUMHELLER, HALLA H.	
CITY-ST-ZIP	MELBOURNE FL 32940		3.4. CITY-ST-ZIP	120 Aquarius Terrace	
TITLE	MELDONINE I L VEGTO	DELETE	4.1 TITLE	COCCA, FL 32926	Change of Addition
NAME	}	-	4. 2 NAME	T/D	
STREET ADDRESS			4.3 STREET ADDRESS	MONTESION, BARBARA B.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	119 Agasius Terrace	
TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	5.1 TITLE	COCOA, FL 32926	Change 🔼 Addition
NAME			5.2 NAME	D	••
STREET ADDRESS	1		5.3 STREET ADDRESS	SWEENEY, ROBERT	
C+TY-ST-7IP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	140 Lost Lakes Drive	······································
TITLE	}	☐ DELETE	6.1 TITLE	COCOA, FL 32926	Change Addition
NAME			6.2 NAME	1	

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 13 if changed at on an attachment with an address.

HAL H. DRUM HELLER

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE

STREFT ADDRESS

CITY - ST - ZIP

GNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 Date

FILED

Apr 30 1997 8:00am

Secretary of State

907)637-32 Daytime Phone # 0019144