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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N31665 (5)

1. Corporation Name
LOST LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
150 LOST LAKE DR. COCOA FL 32926 US	150 LOST LAKE DRIVE COCOA FL 32926 US

3. Date Incorporated or Qualified: 04/12/1989

4. FEI Number: 59-2890295 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEAN, PAUL L
SUITE C, 1305 E. ROBINSON ST.
ORLANDO FL 32801

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	PD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	STOUT, ARTHUR R		1.2 NAME	RICHARD LINGO	
STREET ADDRESS	116 AQUARIUS TERR		1.3 STREET ADDRESS	113 LOST LAKES DR.	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	COCOA FL. 32926.	
TITLE	VPD	☒ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PRESTEL, GORDON D		2.2 NAME	JERE CARRICK	
STREET ADDRESS	315 MERIDIAN RUN		2.3 STREET ADDRESS	140 LOST LAKES DR	
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	COCOA, FL. 32926	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DRUMHELLER, HALLA H		3.2 NAME		
STREET ADDRESS	120 AQUARIUS TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONTESION, BARBARA B		4.2 NAME		
STREET ADDRESS	119 AQUARIUS TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, ROBERT		5.2 NAME		
STREET ADDRESS	140 LOST LAKE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Barbara Montesion (Treas) 5/1/98