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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31665

1. Corporation Name

LOST LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

150 LOST LAKE DR.
COCOA FL 32926
US

Mailing Address

150 LOST LAKE DRIVE
COCOA FL 32926
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **STOUT, ARTHUR R**
STREET ADDRESS **116 AQUARIUS TERR**
CITY-ST-ZIP **COCOA FL**

TITLE **VP** ☒ DELETE

NAME **LINGO, R**
STREET ADDRESS **113 LOST LAKES DR**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **SD** ☒ DELETE

NAME **DRUMHELLER, HALLA H**
STREET ADDRESS **120 AQUARIUS TERR.**
CITY-ST-ZIP **COCOA FL**

TITLE **TD** ☒ DELETE

NAME **MONTESION, BARBARA B**
STREET ADDRESS **119 AQUARIUS TERR**
CITY-ST-ZIP **COCOA FL**

TITLE **D** ☒ DELETE

NAME **CARRICK, J**
STREET ADDRESS **140 LOST LAKES DR**
CITY-ST-ZIP **COCOA FL 32926**

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 **P**
1.3 STREET ADDRESS **HUGHES, GERTRUDE**
1.4 CITY-ST-ZIP **167 WOODSMILL BLVD.
COCOA, FL 32926**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **VP ROBERT McDUFFEE**
2.3 STREET ADDRESS **308 MERIDIAN RUN**
2.4 CITY-ST-ZIP **COCOA, FL. 32926**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **T**
3.3 STREET ADDRESS **NANCY CATALANO**
3.4 CITY-ST-ZIP **115 WOODSMILL BLVD.
COCOA, FL 32926**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **S**
4.3 STREET ADDRESS **JAYNE RODGERS**
4.4 CITY-ST-ZIP **102 WOODSMILL BLVD.
COCOA, FL 32926**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D**
5.3 STREET ADDRESS **ROBERT TUCKER**
5.4 CITY-ST-ZIP **101 LOST LAKES DRIVE
COCOA, FL 32926**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 1999

1-33-4397
Daytime Phone #

CR2E037 (11/98)