

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N36143 (8)

1. Corporation Name

LAKE EOLA HEIGHTS HISTORIC NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

601 E. AMELIA STREET
ORLANDO FL 32803-5319
US

601 E. AMELIA ST.
ORLANDO FL 32803-5319
US

3. Date Incorporated or Qualified
01/12/1990

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **417 E. Amelia Street**

26 **417 E. Amelia Street**

4. FEI Number
59-2975109

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Orlando Florida**

28 **Orlando Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32803-5319** 25 **Orange**

29 **32803-5319** 30 **Orange**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, JAMES D.
601 E. AMELIA STREET
1505 E. COLONIAL DRIVE
ORLANDO FL 32803

81 Name **FRED Thompson**

82 Street Address (P.O. Box Number is Not Acceptable)
417 E. Amelia Street

83

84 City **Orlando**

FL 85 Zip Code **32803-5319**

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

Fred Thompson **Fred Thompson**

4/12/96

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	DP	<input type="checkbox"/> DELETE
NAME	THOMPSON, JEFF	
STREET ADDRESS	421A E. AMELIA STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MAGARIAN, GARY V.	
STREET ADDRESS	808 E. HARWOOD ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCCAFFREY, JOANNROUX	
STREET ADDRESS	424 HIGHLAND AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODRUFF, HANNELORE S.	
STREET ADDRESS	630 E. HILLCREST ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, JAMES D.	
STREET ADDRESS	601 E AMELIA STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, SHEILA F.	
STREET ADDRESS	216 E. CONCORD ST.	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Deletion
1.2 NAME	Request Fred Thompson N/A
1.3 STREET ADDRESS	417 E. Amelia St.
1.4 CITY - ST - ZIP	Orlando, FL 32803-5319
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100001790081
4.3 STREET ADDRESS	-04/23/96--01028--039
4.4 CITY - ST - ZIP	***61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BT Thompson, Fred
5.3 STREET ADDRESS	417 E. Amelia St.
5.4 CITY - ST - ZIP	Orlando, FL 32803-5319
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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:

Fred Thompson **Fred Thompson**

4/12/96 (407) 841-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)