

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36143** (8)

1. Corporation Name

LAKE EOLA HEIGHTS HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**417 E AMELIA STREET
ORLANDO FL 32803-5319
US**

**417 E AMELIA STREET
ORLANDO FL 32803-5319
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **5111 Ridgeway Dr.**

22 City & State

27 City & State
Orlando FL

23 Zip Country

28 Zip Country
32819 USA

3. Date Incorporated or Qualified

01/12/1990

4. FEI Number

59-2975109

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, FRED
417 E AMELIA STREET
ORLANDO FL 32803-5319**

81 Name **Hunt, James D.**
82 Street Address (P.O. Box Number is Not Acceptable)
5111 Ridgeway Dr.
83
84 City **Orlando** **85** Zip Code **32819**

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



(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **THOMPSON, JEFF**
CITY-ST-ZIP **421A E. AMELIA STREET
ORLANDO FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DT**
1.3 STREET ADDRESS **Hunt, James D.**
1.4 CITY-ST-ZIP **5111 Ridgeway Dr.
Orlando, FL 32819-7428**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **PHARR, H. LEE**
CITY-ST-ZIP **815 E RIDGEWOOD ST
ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **MCCAFFREY, JOANNROUX**
CITY-ST-ZIP **424 HIGHLAND AVE
ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WOODRUFF, HANNELORE S.**
CITY-ST-ZIP **630 E. HILLCREST ST.
ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **DT**
STREET ADDRESS **THOMPSON, FRED**
CITY-ST-ZIP **417 E. AMELIA ST
ORLANDO FL 32803-5319**

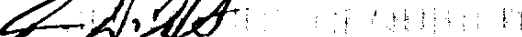
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HILL, SHEILA F.**
CITY-ST-ZIP **216 E. CONCORD ST.
ORLANDO FL**

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.

SIGNATURE:



4/30/98 407-246-3646

CP2E037 (1097)