FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(9)

	H LAKE CHAMBER OF					<u></u>						
Principal Plac	ce of Business	Ma	alling Address									
691 W. MONTROSE STREET P.O. BOX 120417 CLERMONT FL 34712 CLERMONT FL 34712								3. Date Incorporated or Qualified 03/14/1990 4. FEI Number Applied For				
	· · · · · · · · · · · · · · · · · · ·							59-0573859			Not Applicable	
Principal Place of Business Of Business		26				5.	Certificate of Status Desired	· 🗆	•	Additional Required		
Suite, Apt. #, etc.		27				6.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
City & Stat	te	 	City & State				7. Is this nonprofit corporation a homeowners association?					
Zip	Country	28	Zip	Cou	ntry		-	This corporation owes or ha			Intenalble	
24	25	29		30	,		, .	Personal Property Tax due			No	
	9. Name and Address of C		ered Agent				10.	Name and Address of Nev		ed Agent		
_					81	Name						
	W. SCOTT			ŀ	82	Street Add	iress (F	P.O. Box Number is Not Acce	ptable)			
	Broad St Land Fl 34738			ł	83							
GIOTE	Dillo I L OTI GO				84	City				AF 71-	o Code	
						-				• L ``		
11. Pursuant office or ragent. La	to the provisions of Sections 61 registered agent, or both, in the am familiar with, and accept the	7.0502 and 61 State of Florida obligations of,	7.1508, Florida Stati a. Such change was Section 617.0503, I	utes, the ab s authorized Florida Stati	bove-1 d by t utes.	named corpora	poratio ition's t	n submits this statement for to board of directors. I hereby a	the purpos ccept the a	e of changing appointment a	its registered as registered	
A.A												
SIGNATURE	Signature, typed or printed name of registe	red agent and title if	fapplicable (NC	DTE: Registered	Agent		ired when	n reinstating)	DAT	E		
SIGNATURE		ered agent and title if RS AND DIREC	TORS	DTE: Registered	Agent	eignature requi		ADDITIONS/CHANGES TO O				
						signature requi	PRE	ADDITIONS/CHANGES TO O				
12.	P MARTEL, JEANNE		TORS	13.	LE	signature requi	PRE	ADDITIONS/CHANGES TO O		AND DIRECTO		
12. TITLE	OFFICER P MARTEL, JEANNE 847 8TH ST		TORS	13. 1.1 TIT 1.2 NA	ILE ME	signature requi	PRE	ADDITIONS/CHANGES TO O		AND DIRECTO		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MARTEL, JEANNE 847 8TH ST CLERMONT FL T THOMPSON, BILL		TORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ile Me Reet al TY-ST- Ile Me	DORESS ZIP	PRE RAY	ADDITIONS/CHANGES TO O		AND DIRECTO	Addition	
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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:

352-394-4191

FILED

Feb 26 1998 8:00am

Secretary of State