FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

_1	9	9	6

DOCUMENT #
1. Corporation Name N41222

(3)

LAKE JOHIO WATERSIDE HOMEOWNER'S ASSOCIATION, IN

Principal Place of Business Mailing Address				- REARKING BIN DIEGO INDIA UNDIA WASKA KINI DIGIL TUDIK DIGIK DIGIK DIGIK DIGIK DIGIK DIGIK DIGIK DIGIK DIGIK						
9190 N/ CD 494										
2180 W. SR 434 SUITE 5000			2180 W. SR 434 SUITE 5000							
LONGWOOD	FL 32779			SWOOD FL 327	79					
US US				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995						
2. Principal Place of Business		2a. Mail	2a. Mailing Address		4. FEI Number	,	Applied For			
21		26					59-3117652		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #			e, Apt. #, etc.	tc.			5. Certificate of Status Desired		75 Additional	
City & State	27 City & State City & State					6.5		e Required		
23	U. Liestion			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees				
Zip		Country	Zip		Cou	untry		8. This corporation has liability for int		
24		25	29		30			Florida Statutes		
	9. Name	and Address of Curre	nt Registered	Agent				10. Name and Address of New Re	gistered Agent	
						81 N	ame			
HART, J	IR. J W.					82 St	treet Addre	ss (P.O. Box Number is Not Acceptable)	
	' Managei									
	-	SUITE 5000				83				
LONGW	OOD FL 32	2779				84 Ci	ty		85	Zip Code
11 D	- Ab		2 - 1017 150				,			
or registere	eo agent, or t	both, in the State of Fior	ida Such char	nge was authori	ized by the i	ove-nami corporati	ad corpora ion's board	ition submits this statement for the purport of directors. I hereby accept the appoin	ose of changing it ntment as register	s registered office led agent. Lam
familiar with	h, and accep	t the obligations of, Sec	tion 617.0503	Florida Statute	Ð\$.	·				g
SIGNATURE _		r printed name of registered agen								
12.	Signature, typed o	OFFICERS AN			VOTE Registered	1 Agent sign	ature required	wher reinstatings ADDITIONS/CHANGES TO OFFICE	DATE FDS AND DIOLO	RESERVATO
TITLE	PTD	OT TOETS AN	DICT.OTOTA	DELETE	1.1 T	171 F		ADDITIONS CHANGES TO OFFIC	Chang	
NAME		, VICTOR S.		Liberte			1			e 🔲 Abdillon
STREET ADDRESS		HEARER CROSSING			12N		2500			
						TREET ADDI				
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NAME	VSD	LADI EO V		Doctor	217				☐ Chang	e 🔲 Addition
ľ		HARLES Y			22 N					
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NAME		, EDGAR E.			3 2 N					
STREET ADDRESS	320 W.					TREET ADDR				
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NAME CARCEL LIBROSCO					4. 2 h					
STREET ADDRESS						TREET ADD				
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				Phoene	5.1 TI				☐ Chang	e Addition
NAME CZOSEZ ADDOSSO					5.2 N					
STREET ADDRESS					1	TREET ADDR				
CITY-ST-ZIP TITLE				DELETE		TY-ST-ZIF	·		Пль	
1				Portett	61 II				☐ Chang	e 🗌 Addition
NAME STREET ADDRESS					6.2 N					
STREET ADDRESS		٨				TREET ADOF				
CITY-ST-ZIP 14. I do hereby	certify that t	he information substituted	with this films	is voluntarily fur	rnished and	does no	t ouglify for	r the exemption stated in Section 119.07	1(3)/W Florida Stat	tutes I further
certify that	the information	on indicated on this ann	ual report or s	upplemental an	nual report	is true ar	nd accurate	e and that my signature shall have the sa report as required by Chapter 617, Flori	ame legal effect as	s if made under
oatn; tnat l appears in	Block 12 or f	r or director of the corpo Block 13 if changed, or	oration or the r on∖an attachm	eceiver or trust ent with an add	tee empowe dress.	red to ex	ecute this	report as required by Chapter 617, Flori	da Statutes; and t	that my name
			111					2/14/00	710 475	0550
SIGNAT	URE: _		+ 1/2	V+ -	.			3/14/96	719-475	-2550
		SIGNATURE AND TYPED O	A V CH		CER OR DIREC	TOR		Date	Daytime Pho	ne#

CR2E037 (12/95)