

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90056 005 ****61.25

DOCUMENT # **N41222**

1. Corporation Name

**LAKE JOHIO WATERSIDE HOMEOWNER'S ASSOCIATION, IN
C.**

Principal Place of Business

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

11/16/1990

4. FEI Number

59-3117652

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

HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

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 PANKEY, VICTOR S.
STREET ADDRESS 3264 SHEARER CROSSING
CITY-ST-ZIP FALLBROOK CA 92028

TITLE VD ☒ DELETE
NAME CHOI, CHARLES Y..
STREET ADDRESS 526 PENROSE BLVD
CITY-ST-ZIP COLORADO SPRINGS FL

TITLE STD ☒ DELETE
NAME PANKEY, EDGAR E.
STREET ADDRESS 320 W. MAIN
CITY-ST-ZIP TUSTIN, CALF.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

4.1 TITLE PD ☐ Change ☒ Addition
4.2 NAME SIMON, BILL
4.3 STREET ADDRESS 2711 CULLENS CT
4.4 CITY-ST-ZIP OCOEE FL 34761

5.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME STRINGER, SCOTT
5.3 STREET ADDRESS 2888 CULLENS CT
5.4 CITY-ST-ZIP OCOEE, FL 34761

6.1 TITLE SD ☐ Change ☒ Addition
6.2 NAME GILBERT, BILL
6.3 STREET ADDRESS 2752 CULLENS CT
6.4 CITY-ST-ZIP OCOEE, FL 34761

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)

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LAKE JOHIO WATERSIDE HOMEOWNERS ASSN., INC.

TITLE	TD	DELETE	ADDITION	CHANGE
NAME	BROWN, BRUCE		X	
STREET ADDRESS	2791 CULLENS CT			
CITY ST ZIP	OCOE FL 34761			
TITLE	D	DELETE	ADDITION	CHANGE
NAME	YAPOR, IRMA		X	
STREET ADDRESS	2703 KEMOS LANDING			
CITY ST ZIP	OCOE FL 34761			
TITLE	D	DELETE	ADDITION	CHANE
NAME	WHITE, AUDREY		X	
STREET ADDRESS	2711 CHILD ST			
CITY ST ZIP	OCOE FL 34761			
TITLE	D	DELETE	ADDITION	CHANGE
NAME	VAN HOLT, AMY		X	
STREET ADDRESS	2795 CULLENS CT			
CITY ST ZIP	OCOE FL 34761			
TITLE	D	DELETE	ADDITION	CHANGE
NAME	VELEZ, HECTOR		X	
STREET ADDRESS	2139 NEW VICTOR RD			
CITY ST ZIP	OCOE FL 34761			
TITLE	D	DELETE	ADDITION	CHANGE
NAME	BESTINGER, TOMMY		X	
STREET ADDRESS	2887 CULLENS CT			
CITY ST ZIP	OCOE FL 34761			