

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:25

DOCUMENT # **N41389** (0)

1. Corporation Name

**LAKE LILY OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5300 SOUTH ORANGE AVENUE  
ORLANDO FL 32809

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ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1990** 3a. Date of Last Report **02/09/1994**  
4. FEI Number **59-3114972** Applied For   
Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
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

HARRELL, ROBERT S.  
5300 SOUTH ORANGE AVENUE  
ORLANDO FL 32809

81 Name **NELSON MARCOTTE**  
82 Street Address (P.O. Box Number is Not Acceptable) **3387 SEMINOLE ST.**  
83  
84 City **GOTHA** FL 85 Zip Code **34734**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE Nelson Marcotte DATE 2/7/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	SMITH, W. ROGER
STREET ADDRESS	5300 SOUTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	VTD
NAME	HARRELL, ROBERT S.
STREET ADDRESS	5300 SOUTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	JACKSON, SHAWN M.
STREET ADDRESS	5300 SOUTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nelson Marcotte	
1.3 STREET ADDRESS	3387 Seminole Street	
1.4 CITY-ST-ZIP	GOTHA, FL 34734	
2.1 TITLE	Vice President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald Marcotte	
2.3 STREET ADDRESS	1508 Lilly Oaks Circle	
2.4 CITY-ST-ZIP	GOTHA, FL 34734	
3.1 TITLE	Secretary, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Becky Williams	
3.3 STREET ADDRESS	1560 Lilly Oaks Circle	
3.4 CITY-ST-ZIP	GOTHA, FL 34734	
4.1 TITLE	Treasurer, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KAREN OWENS	
4.3 STREET ADDRESS	1544 Lilly Oaks Circle	
4.4 CITY-ST-ZIP	GOTHA, FL 34734	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 110.07(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: Nelson Marcotte DATE 2/7/95 (407) 656-2810  
Signature and Typed or Printed Name of Signing Officer or Director Date Filing #