FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

GORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **N42947** **(4)**

1. Corporation Name

LAKE THOMAS COVE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2820 MICHIGAN AVE. SUITE F KISSIMMEE FL 34744-1536	2820 MICHIGAN AVE. SUITE F KISSIMMEE FL 34744-1536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/12/1991**
3a. Date of Last Report: **06/06/1994**
4. FEI Number: **59-3188171** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3107 THOMAS COVE DR.	26 P.O. BOX 367
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GROVELAND, FL	City & State 28 OKAHUMPKA, FL
Zip 24 34736 Country 25 LAKE	Zip 29 34762 Country 30 LAKE

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
~~BISCHOFF, RONALD K.~~ ~~2820 MICHIGAN AVE.~~ ~~SUITE F~~ ~~KISSIMMEE FL 34741~~ EUGENE D. RANK 3107 THOMAS COVE DR. GROVELAND, FL 34736	81 Name: EUGENE D. RANK 82 Street Address (P.O. Box Number is Not Acceptable): 3107 THOMAS COVE DRIVE 83 84 City: GROVELAND FL 85 Zip Code: 34736

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505 Florida Statutes.

SIGNATURE: Eugene D. Rank, CHAIRMAN — March 27, 1995
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	KNUDSEN, JOHN A.	12 NAME	BETTY GREEN	
STREET ADDRESS	2820 MICHIGAN AVE, # F	13 STREET ADDRESS	THOMAS COVE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744-1536	14 CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	D	21 TITLE	WILLIAM C. YOUNG, JR.	☒ Change ☐ Addition
NAME	BISCHOFF, RONALD K.	22 NAME	3205 THOMAS COVE DR.	
STREET ADDRESS	2820 MICHIGAN AVE, # F	23 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744-1536	24 CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	D	31 TITLE	D-C-T.	☒ Change ☐ Addition
NAME	BISCHOFF, ANN C.	32 NAME	EUGENE D. RANK	
STREET ADDRESS	2820 MICHIGAN AVE, # F	33 STREET ADDRESS	3107 THOMAS COVE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744-1536	34 CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	DIANAND LALJIE	
STREET ADDRESS		43 STREET ADDRESS	1970 EXCALIBUR DR.	
CITY-ST-ZIP		44 CITY-ST-ZIP	ORLANDO, FL ~~32733~~ 32822	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	LORRAINE SANKEY	
STREET ADDRESS		53 STREET ADDRESS	3520 THOMAS COVE DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Eugene D. Rank — March 27, 1995 — 904-423-0605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene D. Rank

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