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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N44094

1. Corporation Name
LAKE ELLEN SHORES HOMEOWNERS ASSOCIATION, INC.

561158 - 90081 - 25

Principal Place of Business	Mailing Address
LAKE ELLEN SHORES H.O. ASSOC % P.O. BOX 1122 CRAWFORDVILLE FL 32326 US	LAKE ELLEN SHORES H.O. ASSOC % P.O. BOX 1122 CRAWFORDVILLE FL 32326 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/27/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3120232 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WEBSTER, WILLIAM H.
COURTHOUSE SQUARE
CRAWFORDVILLE FL 32327

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	& PD	Richard Skeens PD ☐ Change ☑ Addition
NAME	SHAWLEY, DONALD		1.2 NAME		
STREET ADDRESS	64 LAKE ELLEN SHORES DR		1.3 STREET ADDRESS		137 Lake Ellen Shores Dr.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY-ST-ZIP		Crawfordville, FL 32327
TITLE	VD	☑ DELETE	2.1 TITLE	~~VP~~	☐ Change ☑ Addition
NAME	ROSE, ROSA		2.2 NAME	VD	Garland Money
STREET ADDRESS	128 LAKE ELLEN SHORES DR		2.3 STREET ADDRESS		12 Lakeside Cove
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		2.4 CITY-ST-ZIP		Crawfordville, FL 32327
TITLE	D	☑ DELETE	3.1 TITLE	D	Sec/T ☐ Change ☑ Addition
NAME	COLEMAN, RACHELLE		3.2 NAME		Ruby Smith
STREET ADDRESS	67 LAKE ELLEN SHORES DR		3.3 STREET ADDRESS		61 Lake Ellen Shores Dr.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		3.4 CITY-ST-ZIP		Crawfordville, FL 32327
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	NICHOLS, RANDALL		4.2 NAME		Same
STREET ADDRESS	2 LAKESIDE COVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	~~Board Member~~ ☐ Change ☑ Addition
NAME	FIREHAMMER, W E		5.2 NAME		Earl Bauman
STREET ADDRESS	18 TWIN LAKES		5.3 STREET ADDRESS		88 Lake Ellen Shores Dr.
CITY-ST-ZIP	CRAWFORDVILLE FL		5.4 CITY-ST-ZIP		Crawfordville, FL 32327
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED~~ Richard F Skeens 05019 9 850926 5456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #