FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47143** **(5)**

1. Corporation Name
LAKE YALE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
37802-121 C.R. 452 LAKE YALE ESTATES LEESBURG FL 34788 US	37802-121 C.R. 452 LEESBURG FL 34788 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1992
3a. Date of Last Report: 04/22/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER, EDWARD T 37802-121 C.R. 452 LEESBURG FL 34788	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 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 _____
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	T	1.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, MARCIA	1.2 NAME		
STREET ADDRESS	37802 - 84 CR 452	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	PRICE, BOYCE	2.2 NAME	NONE	
STREET ADDRESS	37802 - 125 CR 452	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	HADAWAY, JEANNETTE	3.2 NAME	GERWIG, Shirley	
STREET ADDRESS	38702 - 125 CR 452	3.3 STREET ADDRESS	37802-68-CR452	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STOEHER, RICHARD	4.2 NAME	DEBOER, JACQUELINE	
STREET ADDRESS	37802 108 CR 452	4.3 STREET ADDRESS	37802-123 CR452	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	PS	5.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, EDWARD T	5.2 NAME		
STREET ADDRESS	37802 121 CR 452	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GHIOTO, JOSEPH	6.2 NAME		
STREET ADDRESS	37802 35 CR 452	6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	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 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: Marcia Harvey MARCIA HARVEY, TREAS. 4-18-96 904-589-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #